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## STIMULUS-RESPONSE BONDS AND STUDY HABITS

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THE age-old, time-honored shibboleth, "Knowledge is power," weighed in the balance of educational psychology is found wanting. Knowledge is power *only* when it functions in experience. Parrot-like memorizing, routine study of dead languages, and a miserly accumulation of knowledge for knowledge's sake contribute little to the solution of life's problems.

### KNOWLEDGE AND NURSING

Mere fact knowledge does not necessarily make a good nurse. Knowledge which functions only upon examination papers is obviously without power to elevate nursing spirit or improve nursing technique. The biggest problem in nursing education today is how to prevent a divorcing of the formal class-room learning from the informal, but equally important, learning afforded daily upon the wards.

The amount and character of the knowledge which should be included in

the nursing curriculum has occasioned much discussion recently. Important as this question is, it is even more important to make sure that whatever

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knowledge the nurse does acquire shall prove usable in the practice of her chosen profession. This will be determined by her habits of study, including her habits of supplementing required study on her own initiative.

### THE MECHANISM OF STUDY HABITS

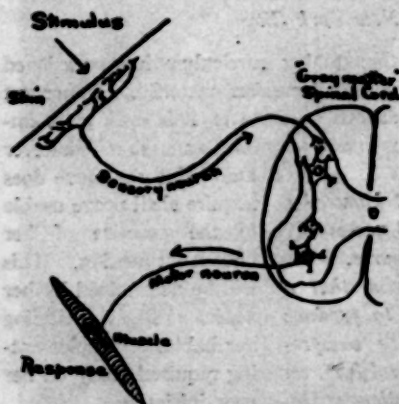
The concept of "the mind" as an intangible something, a separate and self-sufficing entity located somewhere in the human body, is obsolete. A system of habitual reactions resulting from certain physiological changes in the nervous system of man, constitutes what modern psychology designates as "the mind" or the "learning mechanism."

In the study of mental reactions in terms of stimulus-response psychology, the nurse is proceeding upon familiar

ground. Mental reactions are practically identical with the motor reactions which she has already studied.

### THE REFLEX ARC

The babe at birth behaves as it does,—breathes, cries, and kicks about,—because of certain *pre-formed* circuits in its nervous system. The nurse is acquainted with these circuits as "reflex arcs." The simplest reflex arc may be represented diagrammatically thus:



When stimulated, these unlearned connections will produce (normally) an unalterable response which can be predicted. For example, a tap on the patellar tendon produces a response known as the knee-jerk, so invariably that its absence is of diagnostic importance.

### "S-R Bonds"

Learning is possible because similar new connections may be formed by which a given stimulus always tends to produce a given response. These connections both native and acquired are spoken of as stimulus-response bonds, or "S-R bonds."

Human behavior, physical, intellectual, and emotional, is the result of S-R bonds. Such "knowledge" as man acquires is "stored" in his S-R bonds. The names of our friends, our attitudes toward church and state, the solutions of all our former problems, the residue of all our past experience, abide in our S-R bonds.

Plainly the "reflex arc" with its motor or possibly glandular response, is but one form of stimulus-response bond. Perhaps this fact can be made clearer by a familiar illustration. Suppose the nurse pricks her finger on a safety pin in the bladder over an infected wound. To the stimulus pin-prick, she makes a characteristic involuntary *motor response*, i. e., jerks her finger away. The stimulus pin-prick is also interpreted as pain, which is a *sensory response*. But since this is by no means her first experience with a pricked finger, she says to herself, "Possibly that pin was infected." She has made an *associative response* to the same stimulus. The response, "infected finger" may in its turn become a stimulus and elicit the response, "Perhaps I should treat the prick with iodine." This is a further association response, and in making the last two responses she has been *thinking*. Should she lie awake all night worrying because she remembers the case of a patient who lost an arm through a pin prick, she has made a *memory response*. This memory response would undoubtedly stimulate an *emotional response* known as fear.

To this possibility of a series of varied and continuous intellectual reactions in response to a single stimulus, is attributed man's superiority over the brute.



Habits of study which establish stimulus-response bonds between a certain ideational or perceptive response to an external situation so as to make the response serve as a stimulus to awaken a series of useful responses, are our ideal in the learning process.

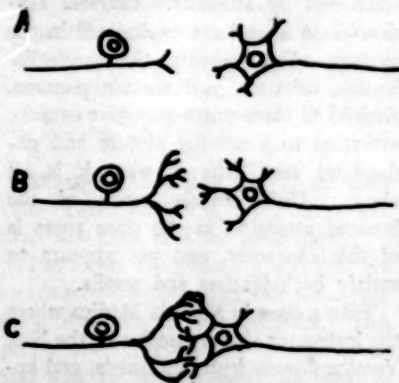
It may assist the student to understand how habits of study are built up in the nervous system to use the analogy of an electrically equipped dwelling. The house we live in is completely wired at birth, but only a few of its potential circuits are completed; the character of the greater number being left to be determined by the inmate.

Some of the pre-formed "circuits" are modifiable, others are not. Physiological reflexes, like those of digestion, circulation, etc., simple reflexes, like the knee-jerk and cornea reflex and certain ill defined possibilities classed as "general intelligence" appear to be, normally, unalterable. But compound reflexes, known as instincts, and vague potentialities termed "capacities" react with the environment to form new circuits. These new circuits are the S-R bonds which constitute learning.

Unlike the inanimate metal wires that carry the enlaved electrical currents which do man's bidding, our protoplasmic nerve wires require no high-priced electrician to tinker up their connections. We perfect our own connections by using them.

As would be expected, the adjustment which completes the circuit takes place *between* the insulated nerve wires which nature laid for us before birth. The point where the non-insulated nerve ends form a potential connection is called a *synapse*. The exact nature of the adjustment which takes place at a

synapse to perfect the neural circuit is not known. A popular theory seeks to explain it on a physical basis. It suggests that the "functional contact" necessary to let a nerve impulse pass, results from an increased proximity of the neuron ends as indicated in these diagrammatic drawings:



A. an undeveloped synapse.  
B. a well developed synapse, inactive.  
C. the same synapse in action, at "attention."

It would be inconvenient if not disastrous, should all of our neural circuits be "connected up" at once, or any of them all the time. Nature has provided against such waste of energy and such hopeless confusion. *Attention* is the switch which completes the circuit. It determines which group, or how many groups, of S-R bonds shall function at one time and to what degree and for how long a period. "Interest" assumes a major responsibility for the regulation of the attention switch.

An electric current may be so regulated as to but slightly stimulate the skin or to electrocute! "Attention" may range from day dreaming to perfect concentration.

An electric current may be directed to produce light, heat, or power. A nerve impulse may also be so directed by attention as to determine the character of the response; therefore it is customary to speak of *sensory attention* and *ideational attention*. The habit of giving ideational attention should be cultivated by students. *Original tendencies* to attend are capitalized in the modern advertisements, the vaudeville houses, cabarets, and moving pictures. A child of three years may give sensory attention to a moving picture and understand very little of what it is all about. Unfortunately much of the boasted attention in the class room is of this character, and yet appears to satisfy both teacher and pupils.

Take a class in *Materia Medica* where the instructor shows samples of the Nux Vomica flower, fruit, and seeds, and appears to have the absorbed and undivided attention of the entire class. Each student who sees the demonstration makes a *sensory response* to the situation. Probably each student will also notice the resemblance of the fruit to an orange, the seeds to buttons, etc. In which case she has made a *perception response*. Many of the class are likely to cease reacting at this point, but some will recall taking the drug as a tonic and their mouths will pucker at the recollection of its bitter taste. These have added an *affective response*. A few of the students will react still further and, putting two and two together, will make *reasoning responses* and finally a generalization such as: "All tonics are bitter; bitters stimulate the gastric secretions," etc.

In the latter group are the students whose knowledge will prove something

besides fodder for examination books. The habit of utilizing the "attention switch" to direct neural activity beyond a mere sensory response is one study habit worth cultivating.

#### LAWS OF HABIT FORMATION

Do the "laws of learning" hold good for stimulus-response psychology? They do. The laws of exercise and effect are fundamental and universally accepted.

#### THE LAW OF EXERCISE

Exercise should develop a neuron as it does a muscle; which justifies "drill" to fix a mental response as well as a motor reaction. The variations of the law of exercise can only be touched upon here, but the laws of "Primacy," "Recency" and "Intensity" can all be applied to the S-R bond. "Primacy" functions to make certain bonds formed during the period of Probation carry the enduring qualities of some childhood learning. Also, at times, the emotional charge may so increase the intensity of some reactions to hospital environment as to render any repetition unnecessary for learning. For instance, the nurse who once witnesses the prompt treatment of "perforation" in typhoid, will never underestimate the importance of knowing what to look for.

#### THE LAW OF EFFECT

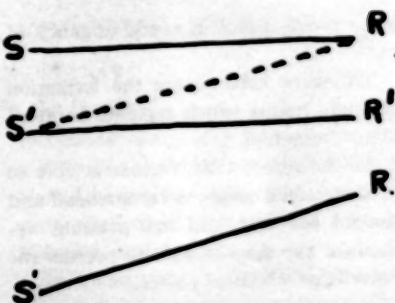
But exercise is not in itself sufficient to account for all learned reactions. It fails to explain why certain existing bonds are exercised and others are not; or to account for the formation of new bonds which connect a given stimulus with a new response, and vice versa. Why does the Probationer who said she "loathed Bacteriology" in college,

soon begin to spend a disproportionate amount of time upon it? To answer these questions we must turn to the *law of effect*. The "original satisfiers and annoyers" which exist in the nervous system at birth are augmented after birth; and that response tends to be made which affords *satisfaction*. Many repetitions with neutral or unpleasant consequences will not fix a habit. But fortunately most people find real satisfaction in a problem solved, a task well done, and therefore continue to think and work. This is especially true when a chosen profession furnishes the "motivating interest." But even these two laws and their numerous corollaries fail to account for all habits.

#### THE LAW OF COMBINATION

The *law of combination* is suggested as more adequate for stimulus-response psychology than the long popular *law of association*. Under this law is classed the *conditioned reflex* which proves to be a sort of "change partners" method of re-combining stimuli and responses. It presupposes a strong bond between a given stimulus and a given response occurring simultaneously with another stimulus, linked but weakly with the given response. After a few repetitions the weak stimulus *alone* should produce the given response.

The classic illustration is that of a babe experimented upon by Watson at Johns Hopkins. The infant was "conditioned" to shrink from a rabbit (which originally caused no observable fear) by making a loud noise at the same instant that the rabbit was produced. The process is best illustrated by a simple diagram:



Let. S = situation,—loud noise. R = the innate response, shrinking.

S' = situation, sight-of-rabbit. R' = original response, touch-rabbit.

Strangely, this babe was at the same time "conditioned" to other furry animals and even to a fur neck piece.

The nurse will probably find that the *conditioned reflex* will explain some puzzling reactions of her patients. Sick people are hypersensitive to impressions and may be "conditioned" for weal or woe, to a variety of "situations" (including people, treatments, and inanimate objects) and sufficiently to offset their rate of recovery. Even when unavoidable, such reactions should be recognized. Patients who have had an anesthetic are frequently "conditioned" to the smell of ether for the remainder of their lives.

#### IN CONCLUSION

Study habits go far towards determining the usefulness of acquired knowledge. Knowledge may be "stored" as isolated S-R bonds in such manner as to appear in response to questions in the Regents' examinations, or like situations, *only*. On the other hand, acquired facts (selected to meet the special needs of the individual and social group) may be so linked up with other relevant facts

as to prove useful in every exigency of life.

The same laws govern the formation of study habits which regulate habitual motor responses.

To the extent that a nurse is able to produce and change, to comprehend and control her own and her patients' responses, she may be said to possess the knowledge which is power.

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## A CLEVER IMPROVISATION

BY HELEN HANKINS, R.N.

*St. Joseph, Missouri*

IT was a breech delivery and in spite of hard pains and very splendid effort on the part of the mother, the breech would not come down. The mother's age contributed to the rigidity of too small maternal parts. When the baby's left leg was finally brought down it was discovered that the right leg was extended upward across the chest with the foot about the neck. This was brought down with considerable difficulty and the child delivered.

The right femur had sustained a fracture, about midway, and it was the proper care of this which presented a real problem to the doctor and nurse. The physician wished to place the leg in Buck's extension. How to do this, to keep the parts in position, to avoid unnecessary motion, and yet not hinder the child's normal development, was the question.

An ordinary tea table on wheels was utilized for a bed. A frame was built

about the top of the table on uprights about eight inches high. Strips of wood, two by two, were used. On the foot of this frame, a little to the right of the center, was placed an inch and a half pulley. Adhesive was placed about the leg in much the same manner as if the patient had been an adult, the cord was passed over the pulley and weights attached to give traction.

For decorative purposes, the frame was covered with blue mull and dotted swiss. The great advantage of the tea cart came in transporting the baby from the nursery to the mother's room. At nursing time, the mother moved to the edge of the bed, the cart was brought close along side, and the baby was able to nurse without being moved or disturbing the dressings in the least.

Some weeks after dismissal, an X-ray showed perfect alignment and the results obtained have proven entirely satisfactory.

## LIFE INSURANCE FOR THE NURSE

BY ELLEN M. PUTNAM  
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A RECENT issue of *The Survey* contained an article in regard to Life Insurance carried by women in the state of Massachusetts. The percentage of nurses to women in other occupations was small. This, together with the growing demands on the Nurses' Relief Fund, seems to indicate that the nurse could well look into the opportunity afforded by life insurance for a method of saving.

The very greatest reason why the nurse should carry insurance is to protect herself against the time when her earning capacity is decreasing and her physical ability may be impaired. Statistics published by the American Bankers' Association show that out of 100 healthy people at age 25,—64 of these same people will be living at age 65, and only five of that number will be independent. The others will be partially or wholly dependent upon relatives, friends, or charity. This means that you have about two chances out of three of living to age 65 and only one chance in thirteen of being wholly independent.

The reason this appalling number of people are dependent at age 65 is not that they have not made money, but that they have not systematically saved money. There is a new note being sounded in the managing of an income, namely, that of placing savings at the head of the list. The old way was to save what was left over after various whims and fancies had been gratified. To place savings first, is to ask the earner to consider that her

income is chargeable first of all, with a duty to the future and that this duty should be met by setting aside a certain proportion of her income each pay day before a cent is spent.

Life insurance as a method of saving for a nurse has many advantages. It is systematic rather than spasmodic. It provides for her last illness and final expenses which might prove a burden to others. It provides as sound an investment as government bonds, and insurance besides. It never depreciates in value as other investments may. It helps her to resist temptations of get-rich-quick schemes. It gives her something to borrow upon in time of need. If she marries, the matured endowment may be used to buy a home, help educate her children, or for a vacation fund. It eliminates worry for the future, thereby increasing her efficiency in her work.

One of the best contracts for a woman is an endowment which will mature at age 55 or 60 when her earning capacity is decreasing. It is now possible with most companies to arrange to have the matured endowment paid as an income for life. This plan is much to be preferred to the lump sum settlement because it eliminates the possibility of loss through unwise investment.

Let us consider an endowment of \$5,000 which will mature at age 60, for the nurse 30 years old. This would require a deposit the first year of about \$160. Thereafter dividends would be payable which might be used to reduce the deposit each year or left with the



company at interest. If they are used to reduce the deposit the average yearly deposit for the thirty years would be about \$117, or a total slightly over \$3,500. At age 60 she could then have the \$5,000 in cash or a life income of nearly \$35 per month. In the meantime she has had the protection of \$5,000 payable to her family in the event of her death. She has been building up a reserve fund on which she could borrow for a rainy day. The contract is liberal, so if she were obliged to discontinue deposits she has guaranteed values in it, and would not stand to lose.

It is now possible, for a small additional premium, to have a disability clause added whereby, in the event of a permanent and total disability, all further premiums would be paid by the company and a monthly income paid the insured. The full face amount of the policy would be paid at death or maturity. This is a valuable feature and should be added whenever possible.

The peace of mind which comes from making provision for the old person who, some day, will be you, is many times worth the small sacrifices necessary during the years of good earning power.

## PSYCHIATRIC NURSING<sup>1</sup>

BY MAY KENNEDY, B.S., R.N.

*Superintendent Illinois State Training School of Psychiatric Nursing, Chicago*

IF one may be pardoned the paradoxical statement, psychiatric nursing may be called the oldest, the most recent, the most interesting, and the most neglected branch of the nursing profession. Long before the scientific care of any other form of sickness was even thought of, the mentally afflicted were receiving tender and intelligent care from the priestesses in the temples of ancient Greece. There the environment was beautiful, soothing, and attractive; the patients were taught useful occupations, and suitable recreations were planned to bring calm and peace to the troubled minds. No one can fail to recognize in these details many features of modern scientific nursing, thus making psychiatric nursing, the first branch of the profession developed upon

scientific lines. On the other hand, it is very recent, as I will point out.

It is the most interesting branch of our profession because it affords the nurse the widest scope for the exercise of the most varied activity. In the care of mental patients, she is thrown almost entirely on her own resources. She must be prepared to meet sudden emergencies with skill and courage and must be so well informed that she can converse intelligently on various subjects, because in this way she will be able to get her patients interested in other subjects than their own ills and misfortunes. She will often have to think for them and direct their activities and at the same time instruct them in adjusting themselves to their environment. Great ingenuity is necessary because each case must be treated individually, and in an institution, these individual cases must be so

<sup>1</sup>Read at the annual meeting of the Illinois State Nurses' Association, Quincy, October, 1921.

combined as to make a harmonious group.

In spite of the fact that there are so many interesting factors in caring for the insane, and that the state has made an earnest effort to enlist trained nurses in its service, psychiatric nursing is the most neglected branch of the profession. In the state hospitals of Illinois, where about twenty thousand insane men and women are being cared for, there are less than twenty registered nurses. Nurses hesitate to enter this service because they are unacquainted with the situation and do not appreciate the great need for their services.

I wish to make an appeal to you in behalf of such unfortunate men and women and also to interest you in those who are on the threshold of state institutions, the border-line cases. The care of the insane and the prevention of insanity are among the greatest and the most important problems of the present time. We who are living a normal life cannot imagine what it would be to lose control of ourselves to such a degree that we would be unable to adjust ourselves to our environment and that it would be necessary to be placed in an institution for the insane, there to remain for weeks, months, or perhaps years. Many of these greatly afflicted persons realize what has happened to them. They have passed through months of the most intense mental agony because they are unable to make people understand them. A word of encouragement, a kind remark, just a little interest and advice at the right moment, might have saved them from a serious mental breakdown. Patients tell many and stories of days spent in general hos-

pitals where they were misunderstood by the well meaning and kindhearted nurses who did not understand how to care for the mentally afflicted. Many of these people, even in their moments of greatest excitement, and during those periods when they are overcome with the keenest sorrow and depression, appreciate the situation and yearn for assistance.

If nurses in the general hospitals had even a few months' training in psychiatry they would be able to treat all abnormal cases with greater intelligence and much mental misery of the patient might be averted. An insane patient knows when he is properly cared for, appreciates every kindness shown him, and recalls with keen vividness every act of unkindness. Insane patients react to treatment as quickly, perhaps even more quickly, than do sane patients. Since this is true, is it not deplorable that we are unable to get the educated and highly trained nurse interested in them?

About fifteen years ago, Julia Lathrop made an appeal to the Graduate Nurses' Association of Illinois, and as a result, a short course in mental disorders was added to the curriculum of the general hospital training school and graduate nurses entered the state hospital service. Soon schools were organized for the training of nurses and attendants. This meant a better understanding of the peculiar problems involved and the general care showed marked improvement. Only a few of the general hospital graduates remained, but the work was begun, and the state has continued to train its workers for general ward duties.

For some time it was recognized that

a more specialized training was needed for those women who had the proper qualifications and desired to prepare themselves for the executive and teaching positions, and for special psychiatric work in the public health and private duty fields. With this end in view the School of Psychiatric Nursing was organized. It is in direct connection with the Illinois State Psychopathic Institute, which is an organization conducted by the State Department of Public Welfare for the purpose of doing scientific work in psychiatry. The school is located at the Chicago State Hospital which has a capacity of 3600 patients. Certain wards are used as laboratories for the student nurses where they receive practical experience. The school is purely educational and soon will have recognized university affiliation. All the class work is conducted on a college basis. The faculty, hours and methods of instruction conform to college standards. The school offers three courses to women with the proper qualifications. The courses in which I wish to interest this organization are the undergraduate short course and the graduate course.

The theory is as follows:

*Anatomy of the Nervous System.*—This course deals with the gross and microscopic structure of the nervous system.

*Psychology.*—This is a short course in dynamic psychology placing special emphasis on the fundamental principles underlying human character. References are frequently made to problems presented in cases of mental disorder and of defective mental development.

*Psychiatry.*—The various forms of mental diseases and disorders are discussed as to the meaning of symptoms and particular treatment indicated. The difference between structural defect and functional disorder are emphasized. Special attention is given to the

importance of directed habits of thought, desirable associations and proper environment.

*Psychiatric Nursing.*—Lectures and demonstrations in the care of patients suffering with the various forms of mental diseases and disorders. Special training is given in how to approach and secure the attention, interest, and cooperation of the patient.

*Amusements.*—The psychological principles involved in play and amusements. The history and development of folk dancing, games, music, and reading are discussed.

*Hydrotherapy.*—The history and development of treatment with water, its value as a therapeutic agent, the effects of temperature and pressure on the skin and nervous system, are discussed and demonstrations are given in the various hydrotherapeutic procedures.

*Massage.*—The history, development and importance of massage as a form of treatment. The physiological and therapeutic effects, and precautions to be observed are discussed.

*Mental Hygiene.*—The history and development of the care of the insane is taken up, special attention being given to the organization and function of the various types of insane and psychopathic hospitals, mental hygiene societies, and clinics. An effort is made to show the importance of educating the public regarding mental diseases and to overcome the stigma attached to mental illness and state hospital care. Special attention is given to purely preventive measures.

*Social Service.*—This course deals exclusively with psychiatric social service.

The theory for graduate students includes all the above and also short courses in ethics, administration, and clinical psychiatric methods. The methods of instruction used are lectures and recitations, laboratory methods and demonstrations. Supervised practice work is required in some courses. The number of hours in each course are so arranged that they are equal to a one or two point course.

The practical experience consists of regular ward duty, when the student is

given every opportunity to observe and study symptoms and to apply treatment. One month is spent in the occupational therapy department where the nurse assists in planning the daily work, prepares the material, and has experience in managing the patients, in trying various types of occupation, and observing the effects.

The course for affiliated students is four months in length; for postgraduate students, six months. All nurses are on duty eight hours daily and have one day off duty each week.

We have had affiliation with five general hospitals and the Army School of Nursing, and are making every effort to get more general hospital affiliation and to interest graduate nurses. The kind of nursing the insane will receive in the future is going to depend largely upon the nurses. The problem of the general hospital was solved by nurses years ago. The problem of the hospital for the insane must be solved in the same manner.

Many nurses have such an erroneous idea of state hospitals, that they will not consider the work. These institutions are no longer places of custody and detention, but are hospitals in every respect, and every effort is being made to treat the patients with the same kindness and consideration that the sick receive in the best general hospitals. The patients are not people to be dreaded. If properly cared for, they are a most appreciative and grateful type of patient. It is because the nurse is ignorant of this great opportunity for service, that we are unable to make her understand and heed this important and urgent call. Knowledge of psychiatry, psychology, and actual contact with the mentally

unbalanced are most valuable assets to a nurse's training. There are very few cases of physical illness in which there is no psychiatric strain. The nurse who has had experience with mental cases is better able to understand the personality of the patient and the deviation from the normal, and is thereby better prepared to meet complicated mental situations as they arise.

It is appalling to learn how many competent, sympathetic, and conscientious nurses are registered against mental cases because they have had no training in psychiatry. They do not understand the affliction and are afraid. Is it fair to the community we are serving, to the profession of whose honor we are so jealous, to the individuals so grievously afflicted, to refuse aid when it is so badly needed? Since nurses are going into public health work in such large numbers, the opportunity for meeting the mentally afflicted is enlarged. They meet people in the early stages of nervous and mental disorders, just at the time when their services will be of most value. Large numbers of patients could be prevented from ever getting into hospitals for the insane, if our nurses had more knowledge of psychiatry and mental hygiene, and were prepared to give intelligent advice, at the onset of the disease. Is not the nurse's training very deficient if she does not have a course in this branch of medicine? Are we doing our duty to the public or to the nurses we are training when we do not make every effort to include such an important subject in our curriculum? If the 85 accredited schools in Illinois would affiliate with hospitals for the insane, and send one student a year for the psychiatric

course, what a remarkable improvement there would be in the care of the insane! Will not this association take up the matter and at least make recommendations that this branch of nursing be given due consideration in the schools of nursing? Will not the superintendents make greater effort to give their students an opportunity to have some training and experience in this greatly neglected branch of nursing?

The demand for psychiatric nurses far exceeds the supply. Mental Hygiene Societies are constantly calling for them; state hospitals all over the country have hundreds of vacancies and the public health field is handicapped because nurses lack knowledge in the care and treatment of mental disorders.

We have always considered the mind the most noble, the most delicate, and the most important faculty of a human being. Can there be any service greater, more noble or more perfect than that of serving an unbalanced mind? Is there not reason to fear that frequently, during the course of her professional career, the rebuke of Macbeth may be justly addressed to the nurse who knows nothing about scientific care of mental disorders?

Can't thou not minister to a mind diseased,  
Pluck from the memory a rooted sorrow,  
Raze out the hidden troubles of the brain  
And with some sweet oblivious antidote  
Cleanse the stuff'd bosom of that perilous stuff  
Which weighs upon the heart?

## ADDRESS GIVEN AT THE FIFTIETH ANNIVERSARY OF THE NEW ENGLAND HOSPITAL TRAINING SCHOOL, BOSTON<sup>1</sup>

BY LILDA RICHARDS  
*Foxboro, Massachusetts*

MY first inspiration was the great need for nurses and the wonderful work of Mrs. Livermore and Clara Barton during the Civil War. Long after, I chanced upon a book entitled "Una and Her Paupers," the history of a nurse trained in Florence Nightingale's school who did court work among the paupers in a work house in Liverpool. It was then that I made up my mind to go to England and enter Florence Nightingale's Training School.

The book settled me in my determination to go to London for training. But

I went to Dr. Helen Morton in Boston for advice, and she told me of this training school which was to be opened in the New England Hospital in September. I made application for admission, was accepted, and entered the school, September 1, 1872.

The school was organized by Dr. Susan Dimock, who had spent four years in Europe in the study of medicine and had also made a study of training schools.

The hospital occupied two ordinary dwelling houses, and it was there I began my training, but on September 15th it was moved to the new hospital,

<sup>1</sup> Abridged somewhat from a report of Miss Richards' address.





Laura Richards

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Roxbury, its present site. It consisted of two buildings, only partly completed. One of these, the main building, is part of the main building of today. The other, back of it, the maternity building, is now used as a home for the help.

I was the only pupil nurse to enter at this time, but a month later, a second student entered, and in two months more, the school had five nurses in training, forming the first class of pupil nurses in America.

The hospital was so arranged that each nurse was given two wards,—one with four beds, the other with two, and the nurse's room was between them. For the first six months of the training school, each nurse took care of her two wards of patients, day and night. At the end of six months, a woman from outside was engaged for night nurse. There were no trained nurses at that time. After that, the hours of duty for the pupil nurses were from six in the morning till nine at night, with no hours off duty during the entire day. Every two weeks we had three hours off duty. Although the hours were long, and the work was not systematized as it is today, we were a most contented class of nurses—each one striving, eager to learn, and to alleviate the suffering of the patients.

There was no class instruction, but there were lectures on which notes had to be taken and handed in for correction. When we were off duty we would gather in the sitting room and question one another as to what we had learned that day and also question each other on the notes which we had taken at the lectures, and in that way we improved our class work. Dr. Dimock was excellent for bedside instruction, and was very particular about the way

the work was done; she showed at all times the importance of being gentle with the patients and thorough in caring for them.

As the year drew to a close, the demand for graduate nurses came from all directions, and as I was the only graduate at the time, I of course had the choice of many important posts. I accepted a position at Bellevue Hospital, New York, hoping to learn more about nursing and to become better qualified to enter Florence Nightingale's Training School—for although now a graduate nurse, I still hoped to go to London and meet the "most wonderful person in the world." After one year as night superintendent at Bellevue, my friends advised me to stay in America where my services were so greatly needed. I accepted a position as superintendent of the training school at the Massachusetts General Hospital. On November 1, 1874, when I entered upon my duties, there were but three wards connected with the training school, and at the end of the year, every ward and all the nursing were conducted by the training school.

In the spring of 1877, I went to London and entered Florence Nightingale's Training School as a visitor, as I had been cordially invited by Miss Nightingale. Four days after my arrival, I received an invitation from Miss Nightingale to visit her home. It is with much delight that I recall my interviews with Miss Nightingale—her inspiration. It is useless to describe the impression made upon me, as every one who is interested in nursing has read about Miss Nightingale and the wonderful work of her life.

Miss Nightingale made arrangements

for me to visit other hospitals, and after two months' stay at St. Thomas' I was admitted to the King's College Hospital and then to the Royal Infirmary, Edinburgh. After seven months of study in England, I returned to America better equipped to continue my work.

I entered upon my new duties at the Boston City Hospital, in 1878, as superintendent of the training school, and was in connection with that institution, except for sickness, for eight years.

Then came a call from Japan for a graduate nurse, a nurse to organize a training school there under a mission board. I offered my services, was accepted and went, organizing the first training school for nurses there. I was in Japan for almost five years.

After my return came years spent in organizing schools in both general hospitals and in those for the care of the insane.

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## A CONSIDERATION OF THE PRESENT STATUS OF NURSING EDUCATION

BY ROBERT A. KILDUFFE, A.M., M.D.

*Director, Laboratories, Pittsburgh Hospital; Director, Laboratories, McKeesport Hospital; Serologist, Providence Hospital*

**T**HAT the training of the modern nurse is incomparably better than ever before is not to be disputed; that it is in every respect thorough, complete, and adequate admits of discussion. A glance at the curriculum required by various registration boards reveals a multiplicity of subjects; whether there is also a superfluity, or whether some subjects should be a part of the equipment necessary to enter training is debatable.

In endeavoring to estimate the qualifications which enter into the making of an efficient nurse, it is of importance to consider, in a general way, what are her duties and functions; what is the purpose for which nursing exists? It has, not infrequently, been broadly expressed as, "To carry out the doctor's orders," assuming that there are many things so implied which necessitate special train-

ing for their proper execution. If the writer were to accept—which he does not—such a generalization, it would only be when qualified to state: To carry out the doctor's orders *intelligently*. The writer's conception of the *raison d'être* of the nurse is very different, much more important, and carries with it a higher responsibility.

Before expressing it let us consider the classifications into which the trained nurse may be grouped: 1. The private duty nurse by whom is meant the special "private" nurse who takes care of individual patients for a weekly wage. 2. The institutional nurse. 3. What might be called the public duty nurse such as those in schools, social service, industrial works, etc. Regardless of the class of nurses under consideration, embracing one as well as another and all with equal force, their

duty is obvious and, it is the writer's contention, may be expressed in the phrase, the *prevention of disease*.

Modern medicine realizes that, in the end, it is, after all, the forces of nature, the mobilization and utilization of the reactive and reparative powers of the patient which effect the cure. The function of the physician—and the nurse—is to assist these efforts of nature and to give them full play and fair play in their endeavors.

Let us consider the application of this conception to the classification of nurses presented above. If, in the case of a private duty nurse, for example, it is a fracture case which she attends, there is little that she can do to influence the formation of callous and the production of new bone whereby the injury is repaired. There is much she can do, however, to prevent the occurrence of untoward happenings which may influence or retard the reparative processes—such as the occurrence of bed-sores, a drain upon the vitality and, consequently, a deterrent to the vigor of reparative efforts; the displacement of the fragments by improper exertion; lowered resistance due to faulty nourishment; local infection through improper conditions about the injured part, and so on.

In an obstetric case the nurse can do little to influence the normal uterine involution. Her real duty is to aid and assist in the prevention of many things which, in the absence of intelligent care, may menace both mother and child.

In an infectious disease her duty is to see that the patient does not become a source of danger to others and to prevent the occurrence of complications likely to embarrass or overwhelm the resisting

powers which must be relied upon to conquer the disease process and to repair or compensate for the damage it has wrought.

The institutional nurse has the same relation to the patients under her care as the private duty nurse; in addition, it is her duty to see that the various departments under her supervision are so conducted that infections and the spread of disease shall be prevented—whether this be in the handling of the patients or the sterilization of instruments.

The public duty nurse is mainly and directly interested in disease prevention. In welfare work she acts to assist in the prevention of epidemics; she tries to prevent the occurrence of what used to be called "children's diseases" because so many had them; she argues for vaccination, tonsillectomy, eyeglasses, proper food, and institutional care; she teaches mothers the proper care of infants and so on—all because of their influence in preventing disease; in a word, no matter what her phase of activity or the field in which it is exercised, the nurse exists mainly for the direct or indirect prevention of disease. The question arises, then, If this conception of the duty of the nurse is accepted, is the training of the modern nurse all that could be desired for the efficient performance of this vital function?

Before any intelligent effort at the prevention of disease is possible several things are necessary: the cause, the mechanism by which it acts to produce its effects, and the means of transference must all be known. This knowledge must then be properly transmitted to those concerned in order that their

active coöperation in preventive methods may be attained. One of the most powerful weapons available in the struggle for disease prevention is public education in the means and methods whereby this may be effected so that public coöperation may be obtained in the highest degree. The public must be taught to realize the value, necessity, and efficiency of the various means by which the problem is attacked, and in the peculiarly intimate relation between the nurse and the public lies a great opportunity for the dissemination of this information.

It becomes of interest, therefore, to inquire to what degree the modern nurse is fitted to grasp and expand this opportunity. Can she intelligently and decisively combat the prejudice and arguments of the anti-vaccinationist; can she explain in plain, work-a-day language the rationale of the Schick test and of toxin-antitoxin immunization in the control of diphtheria? for these are questions to which parents demand an answer. Does she know the rationale underlying the use of vaccines and serums; can she make clear to the uninformed why 70 per cent alcohol is a better disinfectant than 95 per cent, or 5 per cent formalin better than full strength; why a vaccine isn't a serum and in what way their actions differ? The list of queries could be indefinitely extended and there are times when a legitimate doubt arises as to their affirmative answer.

The writer has seen, for example, gauze masks religiously worn in an influenza ward in the A. E. F. He has also noted that they continued to be worn long after they were moist with exhaled moisture, with drops expelled

by talking, etc., and has, therefore, been forced to the conclusion that they were worn because such orders had been issued and not because the purpose was fully realized,—to prevent droplet infection which a wet mask certainly will not do. He has heard of nurses objecting to taking "serum" to prevent typhoid—a vaccine being meant—because of very hazy ideas as to the result, and he would confidently abide by the results of the interrogation of the first hundred nurses met at random to decide whether the application of immunology to the prevention of disease is intelligently understood by nurses in general.

Assume, however, that the function of the nurse as a factor in disease prevention is specialized and demands specialized training; assume that she is mainly intended to assist in the care of the sick. The first thing necessary in the treatment of any condition is to recognize its existence, in a word, to make a diagnosis. This is the duty of the physician and the modern physician calls to his aid many specialized methods so that, in the examination of a patient, the laboratory plays an important part, often contributing directly toward the formation of a diagnosis, and often, also, vitally affecting the treatment as in presenting indications for the use of antitoxins, vaccines, etc., or in casting a vote for or against the use of operative procedures. For example, no surgeon would think of removing one kidney, no matter what its condition, unless the efficient functioning of the other was established.

The nurse has a direct relation to these facts in that it is often the nurse upon whom falls the duty of collecting



the specimen for examination. For example, in pneumonia it is often of great importance to determine the type of infection in order to know whether serum can be used,—and this holds good in the patient's home as well as in a hospital. A specimen of sputum is, therefore, necessary. Sputum is material *coughed up* from the lung and not material *hushed up* from the nasopharyngeal passages, mixed with saliva—yet often it is the latter which is sent to the laboratory. If the nurse had any conception of the means whereby type determination is made, if she realized that the pneumococcus is always present in the mouth and that the pneumococcus from saliva is not necessarily the type of pneumococcus causing disease in the lung, much time would be saved and the interests of the patient advanced that much.

A determination of renal function by the phenolsulphonephthalein test is often of great importance. The writer has seen remarkable and discordant results explained only when it was found that the preliminary injection was given by a graduate nurse with beautiful technique,—except that the ordinary hypodermic needle had been used and the dye, therefore, had been deposited in the lumbar fat instead of in the muscle, of a stout patient; he has seen merely *some* of the hourly specimen, instead of the whole, collected for estimation

and the test thereby vitiated. Here, again, an adequate understanding of the principles and mechanism of the procedure would have avoided obvious errors. Numerous examples of this kind affecting the welfare of the patient could be cited but enough has been said to demonstrate the viewpoint taken.

The writer is prepared to contend that in a definite proportion of cases the average nurse is not adequately prepared:

1. To satisfactorily assist in the education of the public in the modern conception of the causes and prevention of disease.
2. To decisively combat the arguments of various "antis" opposing preventive measures.
3. To satisfactorily explain to herself or others the whys and wherefores of the practical application of immunology to the control of disease.
4. In many instances, to intelligently carry out the directions of the doctor in regard to the application of modern methods in the handling of disease problems as concerned with her part in the procedure: i. e., the collection of various laboratory specimens.

The root of these deficiencies must lie either in the teaching, in the subjects taught, or in the capacity of the student.

If the deficiency exists, and the writer so contends, then it is a problem meriting the attention and suggestions of the nursing body as a whole.

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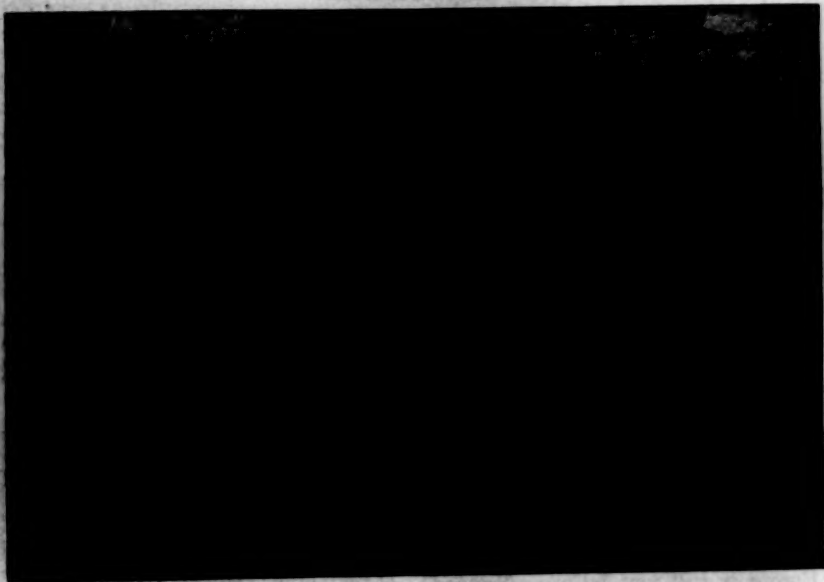
#### RELIEF FOR RUSSIAN NURSES

As a response to the Appeal for Russian Nurses, published in the December Journal, pages 226-229, contributions have been sent in, amounting to \$75. Contributions may still be sent, made payable to the American Nurses' Association, 370 Seventh Avenue, New York.

## THE GEORGIA HEALTHMOBILE

By VIRGINIA GIBBS, R.N.

*Marietta, Georgia*



**T**HERE is a little white church in a leafy green setting and a laughing stream is running by. Back of the little church the convicts are in camp, and the mountains rise all around with golden rod and sumac burning brightly on their sides. Here the big Healthmobile is parked and the little mountain babies are being examined by a baby specialist and nurse.

Picture the same scene at night, only there is a moon in the sky and the greens, yellows, and reds, have turned to soft grey. The convicts are lined up against the white church,—their guards with guns on their arms are holding their lanterns low.

There are a big white bull dog and some blood-hounds in the foreground.

Grouped on the slope are the children and the mountain people; to one side

the white covered ox carts stand out in the moonlight and the black mules are stamping, tied to the persimmon trees.

All eyes are turned to the big Healthmobile because there is a screen on its side and on that screen there is a moving picture,—a real health picture and not one-half of the spectators have ever seen a "movie" in all their lives.

Above the picture the mountains ring with the indescribable joy laugh of children witnessing for the first time a moving picture.

This Healthmobile was given to The Division of Child Hygiene, Georgia State Board of Health, by the "Phi Mu Sorority." It works under the Shepard-Towner Act, and those on board have been busy examining Georgia babies, talking to Georgia mothers, from the sea to the mountains, since June.

## EDITORIALS

**T**HE *Journal* wishes its readers a Happy New Year. May it be a year of personal and professional development for each one, a year in which hopes come to fruition and aspirations develop into achievement, a year filled with the satisfactions incident to duty well performed and to a wise use of leisure.

### GOOD RESOLUTIONS

The season of good resolutions is upon us but the promises we make will be of little worth unless based on a frank analysis of the achievements and the failures of the passing year. The world presents a picture which is far from cheerful. This country has been torn by industrial strife, events in the Near East are writing a black page in history, and Europe is still rent by misunderstandings, suspicions, and grinding poverty.

In the midst of so much unhappiness what can be said of our profession?

May we not assume that Yale University in designating Miss Nutting one of the most useful women in the world implied that the profession of which she is an acknowledged and brilliant leader is also useful in a high degree? The year has given us the Report of the Committee on Nursing Education of which Dr. Winslow was Chairman—an epochal study the worth of which we are only just beginning to comprehend. The output of professional literature has been large and of an unusually high order. In this connection the rare quality of the first obstetrics for nurses by a nurse comes immediately to mind.

The biennial meeting at Seattle gave to many nurses a dawning conception of

positive health as a goal toward which every nurse should be striving, whatever her specialty. The unity of spirit that characterized that great meeting may be taken as evidence of a growing *respectment* among nurses, of the sincere desire of each group to understand and intelligently support every other group in its important undertakings, and beyond this, to comprehend the aims of and to collaborate with the other social workers who are specializing in such allied fields as that of nutrition. If, in the past, we have seemed to participate in the general tendency to suspect motives it may now be said that in each group there is a growing appreciation and comprehension of the contribution of other specialists to the work of the world. Only by generous support of the others' programmes can we hope to meet the tremendous opportunities and obligations confronting us. Only by presenting a solid front based on mutual understanding, to the world can we effect a genuine understanding and support of our efforts in the behalf of the public.

We have observed a gradual increase in the number of public health nurses; we know that many of our better schools have a maximum enrollment of students. We know that the increasing number of scholarships made available through Alumnas and other sources is putting postgraduate work within the grasp of many eager and ambitious women, but we know that we constantly fall short of the number of well qualified women required to staff our schools and public health nursing organizations.

The number of nurses prepared to teach continues to fall conspicuously short of the demand.

Despite encouraging evidences of progress, our schools alone, of all educational institutions, are still almost wholly without visible means of support and continue dependent on the bounty of the hospitals in which they have been developed. Surely another year will not go by without some schools, somewhere, being given the means to demonstrate what could really be accomplished by wise use of endowments.

A problem requiring our most thoughtful attention has been long with us: *How is adequate nursing service to be provided for persons of moderate means?* This is far from being wholly a professional problem, it is social and economic as well, and the provision of subsidiary groups of workers is by no means the whole answer to the question. Hourly service is growing, paid visiting nurse service is increasing, but even a wide extension of these services and the provision of trained attendants cannot meet the whole need. The nurse, herself a person of moderate means, must not be expected to pauperize herself in an unsound effort to meet an insistent demand; she should, however, be on the alert to recognize the worth of and to assist in the development of such experiments in group nursing or other coöperative efforts as may offer hope of a solution of this exceedingly important problem. Private duty nurses have here an opportunity for a professional contribution of outstanding worth. Nursing needs community support based on understanding if we are to give a maximum service. Further demonstrable efforts

to meet this phase of the community problem would go far to establish the justice of our claim to community support of our schools.

Let us then attempt to advance our programme of suitable and adequate care for all who are sick, the while we extend our health teaching in an effort to implant our ideal of positive health in the mind of every individual. In order that we may insure an ever increasing stream of well prepared nurses into our ranks, nurses prepared to cope with the complexities of preventive as well as curative medicine, we must focus our attention on securing endowments of our schools and thus inaugurate a new era in nursing. 1922 has given us a scientific analysis of nursing. 1923 should provide some of the endowments necessary to meet our clearly presented needs.

#### IN A MENTAL HOSPITAL

“OF course you realize that these patients will all be well in a few months.” Such were the quietly spoken but, to the observer, startling words of the director of the school for nurses in one of our most progressive mental hospitals. The patients had previously been described as very sick, as indeed they were; but most of us would have said crudely and plainly that they were crazy. It was an acute service. On other halls we had seen the quiet cases and the convalescents, happily occupied with games or handicrafts, or visiting with friends; and we had seen the remarkably beautiful occupational therapy department with its fine equipment and artistic products. Here beds in the bare-walled and otherwise empty rooms were bolted to the

floors, windows were carefully protected, nurses and attendants were everywhere in evidence; for the patients were suffering from hysteria, manic conditions and other acute mental illnesses. There were untidy patients, mischievous patients, loquacious patients, and boisterous patients. A newcomer had required the attention of a whole group of workers during the ordeal of her first continuous bath, but she was becoming quiet under their ministrations.

In the midst of it all, the young head nurse remained serene and efficient. When asked about herself, she stated that she had graduated from a famous woman's college, received her training in a good school for nurses, and post-graduate work in the hospital in which she is now serving. Mental nursing has been no haphazard choice with her. She has chosen that field because she has already seen the tremendous worth of skilled nursing to mental patients. Like the observer, she too has been stimulated by the quiet statement "much mental illness is curable" and by curable the staff of that hospital means patients so restored that they return happily to their former occupations. The clear-eyed young head nurse, unlike the observer, is putting her belief into action. She is administering her department in a fashion highly satisfactory to the authorities and with much profit to her patients. The observer is putting hers only into words—would that they were winged—in order that the hundreds of other nurses who are needed may be led to participate in this stimulating and constructive work. Mental nursing is calling not for the poorest but the best that we

have to give. Who will be the next to volunteer for this vitally needed service in order that yet other sick minds may be cured?

#### SHORTAGE OF NURSES VERSUS COMMUNITY INTELLIGENCE

A NEWSPAPER clipping calls our attention to the lack of sufficient nurses to meet the demands of an epidemic in a western city, and raises the question of suitable compensation for the nurses who are available. Our sympathy goes out to any individual who needs and does not receive skilled nursing and we trust the nurses under discussion are meeting the situation in no generous, broadminded, and comprehensive a fashion that they will have no regrets when the time of stress is over. We are not so sympathetic with the administrative problems of the official who is reported as having complained of the shortage and of profiteering by nurses.

No community should expect to have a supply of nurses sufficient to meet epidemic needs in exactly the same way that the usual incidence of disease is handled, since communities do not support nurses, as they do firemen, for emergency duty. It is doubly unintelligent to expect to have a sufficient number of nurses to meet individual demands in a smallpox epidemic, for there should be no such incidence of that disease in this enlightened age. We have long known not only that smallpox is a preventable disease, but we have known how to prevent it, for, says Rossman, "Vaccination was the first specific prophylactic measure given to man, in whom it produces an active immunity to smallpox," and he says further that "to



remain unvaccinated is selfish in that by so doing a person steals a certain measure of protection from the community."

We sincerely hope the nurses in question will see clearly and proceed along the most helpful lines even as we hope that the citizens of that community will awake to the fact that neither medicine nor nursing should be blamed for the hardships of so unwarranted a catastrophe as an epidemic of a disease we have long known how to prevent.

#### Mrs. Higbee's Resignation

MRS. LENA S. HIGBEE has served continuously in the Navy Nurse Corps since its organization in 1908. In 1911, Esther V. Hanson, whom she succeeded as Superintendent of the Corps, wrote<sup>1</sup> that Mrs. Higbee had fairly won promotion by the excellence of her work as nurse and chief nurse. In all the years of her service, including the war years that placed an almost intolerable strain on all the Federal services, Mrs. Higbee has consistently and unassumingly imbued the service with her own high ideals of womanhood and of nursing. She will be missed not only by her co-workers, but by all those who have occasion to seek information and advice from her department, but it is safe to assume that a fine tradition will be carried on. Mrs. Higbee is succeeded by Beatrice Bowman, who has also been a member of the Corps since its inception.

#### A STATE ASSOCIATION BULLETIN

HOW often we have listened to discussions of the worth of annual reports as compared with the expendi-

<sup>1</sup> *American Journal of Nursing*, March, 1911, page 471.

ture of money and of time involved in getting them out! Even while voting for the publication of the report, because it seemed the democratic thing to do, we have visualized the relatively large number of copies that would be put aside to be read at a less busy time and which would almost inevitably pass on to the limbo of forgotten things.

The Iowa State Association of Registered Nurses has decided to do away with a report this year and to issue, in its stead, three bulletins. The first number, a highly creditable leaflet, is well printed and carries the splendidly stimulating address of the President, Amy Beers. It is filled with the spirit of the annual convention which was held in October, and carries essential information on the business of the meeting. Later numbers are to be devoted to matters of interest to the State and District organizations; in this way, it is believed, every member of the association will be kept up to date on and in close touch with its activities. It is not too much to expect that the plan will be productive of a solidarity of effort, based on understanding, that will cause Iowa to move steadily forward along constructive lines. The Iowa nurses are to be congratulated on the initiative shown and on the admirable quality of the first bulletin. The experiment is one that will be followed with interest by many states.

#### "THE SPIRIT OF SERVICE" MEMORIAL TO WAR NURSES

CLARA D. NOYES, Director of Nursing, American Red Cross, writes as follows of the beautiful memorial painting, a copy of which appears

as a frontispiece in this issue of the *Journal*:

It has occasionally been said that the war service of nurses has not been fully appreciated or understood, that they returned from overseas or the cantonment hospitals of this country, not to the sound of beating drums or flying flags, but almost unnoticed. It will therefore be a satisfaction to many of the nurses to know that a large painting by Arthur M. Hazard of Boston, called "The Spirit of Service" has been presented to the Red Cross through private subscriptions from interested friends as a memorial to nurses. This is the first official painting commemorating the Nursing Service of the American Red Cross. It is a large canvas hung on the walls of the beautiful marble stairway at National Headquarters. "The Spirit of Service" depicts a Red Cross Nurse giving attention to a wounded soldier at a First Aid Station. The soldier is still on the stretcher and the stretcher bearers are standing close by, while in the background the ambulance and a group of marching soldiers can be seen. The color scheme is in keeping with the general grayness of the battle field, consequently the vivid lining of the cape, the white cap, and collar of the nurse bring into

artistic harmony the high lights supplied by the uniform.

Lester Field posed for the nurse, and as she had actually participated in such scenes in France she was well able to bring to the picture the requisite inspiration. Miss Field is a graduate of Mount Holyoke College and of the Massachusetts General School of Nursing. She was a member of Base Hospital No. 6, entering service in June, 1917, and was in active service until April, 1919. The model for the wounded soldier was Mr. Paul, a private. He was severely gassed at Chateau Thierry and is still a patient in one of the Veterans Bureau Hospitals. He was detailed by the Hospital to serve as a model for this painting, as were the stretcher bearers, as well.

Photographs of this painting may be secured at National Headquarters of the American Red Cross, in Washington, D. C., or through Headquarters of the American Nurses' Association, at 370 Seventh Avenue, New York City. Post-card size at five cents, and sepia copies, mounted, 8 x 10, fifty cents. An enlarged copy of this painting has been placed by Edwin B. Hale in The Orford Public Library, Orford, New Hampshire, the home town of Miss Field.

#### NURSES MAY REINSTATE THEIR WAR-TIME INSURANCE

It will be news to many World War nurses to learn that the United States Veterans' Bureau has inaugurated a reinstatement campaign for the benefit of those who, either through misunderstanding or inability to meet premium payments, have permitted their Term (war time) Insurance to lapse. Director Forbes announces that no matter how long a time has passed since the last premium was paid, an ex-service nurse may easily renew his or her Term (war time) Insurance contract, if he or she is in good health, or if disabled, provided the disability is due to service and is not of a total and permanent nature. Nurses will be particularly interested in learning that they may reinstate \$1,000 or any higher amount, in multiples of \$500, of the amount of insurance they carried while in the service. It will also be of interest to the public to know that over 500,000 of the men and women who applied for insurance during the war have continued their policy in force and that these ex-service men and women are carrying insurance protection amounting to the enormous sum of over three billion dollars.

The reinstatement requirements have been made most liberal; in fact, if a nurse is in good health it is only necessary to furnish medical proof of that fact and pay two monthly premiums on the amount of Term Insurance to be reinstated. Physicians have been appointed in all of the branch offices of the Bureau where the necessary medical examination can be secured without cost. Detailed information may be obtained by writing to the U. S. Veterans' Bureau, Washington, D. C., but in the interest of accurate identification and promptness, the person writing should be sure to give his or her full name, rank and organization when in the service, and, if possible, their serial number.

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### TEACHING THE CARE AND PREVENTION OF TUBERCULOSIS<sup>1</sup>

BY LILLIAN GITHENS, R.N.

*Superintendent, Stillwater Sanatorium, Dayton, Ohio*

**T**UBERCULOSIS has for centuries been recognized as a disease to be dreaded. Hippocrates, 460 to 377 B. C., described it as the disease most difficult to treat and fatal to the greatest number. As early as the fifth century a Greek physician recognized it as a transmissible disease. This view was maintained at intervals throughout the middle ages.

It may be surprising to modern advocates of registration and compulsory segregation to know that in Naples a royal decree was issued September 30, 1782, ordering isolation and disinfection of quarters of patients. The means used were vinegar, brandy, lemon juice, and sea water. Punishment was attached to the violation of this order. During the 19th century little attention was given to the theory of infection until finally a French physician demonstrated its transmissibility seventeen years before Koch discovered the specific germ in 1882. The American campaign against tuberculosis began in 1885 when an Adirondack camp was established by Trudeau at Saranac. In 1904, the National Association for the Study and Prevention of Tuberculosis was organized. Since that time there has been a constant and unrelenting warfare waged against the disease. That success has followed this effort is an established fact, to which the declining death rate bears witness.

Stamping out tuberculosis is one of the most important public health issues of the day and our efforts should not slacken or cease until the irreducible minimum death rate has been reached and held. Every state and city, as well as every individual, should be interested. Anti-spitting laws should be placed on the statute books (not as ornaments) but as urgent laws to be enforced for the protection of the public health. Physicians should be held strictly to account for failure to report cases to the local and state authorities. Every municipality should have hospitals for early and advanced cases, dispensaries for the indigent and careless, anti-tuberculosis societies for the education of the public, and open-air schools for the care of tuberculous children. Preventorium should also be established for the benefit of contact cases. While these are comparatively new, they should become one of the surest factors in controlling the spread of the disease.

The work of individual laymen lies in the voluntary personal aid they render in the raising of funds to help support organized work and in the general interest they help to arouse in the community in educational campaigns. Many years of hard work and sacrifice lie behind the record of some of these voluntary workers. Indeed, a great many sanatoria for the treatment and education of tuberculous patients and for the

<sup>1</sup>Read at a nursing institute, Cincinnati, Ohio, June, 1922.

purpose of scientific research have been erected in the last decade as the result; principally of such educational work. These sanatoria serve a three-fold purpose. First, they aid in segregating the advanced cases of tuberculosis and prevent them from acting as centers of contagion. Second, they instruct the patient so that he may cease to be a menace to himself and others while in the institution and after he returns home. Third, they demand a discipline which if followed out, will arrest the disease in a favorable case. As a rule patients gain more steadily and make a quicker return to health in the sanatorium than in the home of average means.

Until recently, great stress was laid upon climate, and patients who could afford it were sent west and those who could not were often the victims of well meaning friends who would by some means collect sufficient funds for the journey. It is still generally believed that a dry climate is more suitable for the treatment of the disease in the majority of cases. Yet no matter what the climate, the essential thing is that the patient cannot be cured without a prescribed line of treatment. Nurses and physicians are often asked to settle this question of climate for patients. They can always be quite certain that it is best for the patient not to seek another climate unless he has sufficient funds to secure adequate care and comforts away from home. Moreover, to send him away without funds to meet his difficulties and homesickness alone is often disastrous and even cruel. The knowledge necessary to qualify the student nurse to successfully deal with individual tuberculous patients and the problem in general should certainly in-

clude such sciences as will enable her to deal with the social, economic, and psychological, as well as medical, sides of the question. One of the most serious difficulties of the sanatoria today is the securing of an adequately prepared nursing service.

Are the general hospitals, especially the smaller ones, giving us the nurse trained to meet the need of the tuberculous?

In answer: There seems to be a genuine fear of the disease among graduate nurses and more particularly do the younger ones seem to fear it, but as we are taught that a "freedom from worry, proper rest, wholesome food and fresh air are the prescribed aids in the battle against tuberculosis," then a nurse who is living under a regime which produces these same aids should cease to fear, because she is secure in the knowledge that she can protect herself while caring for her patient. More important still is the fact that the percentage of those infected caring for the tuberculous patient in a well regulated sanatorium is less than that obtaining in general hospitals.

In the training schools of today there is a far reaching opportunity to make the nursing profession a potent factor against the spread of this dread disease. When we consider that one person in every ten dies with some form of tuberculosis, can we afford not to give our students both theoretical and practical training in this, one of the most prevalent and deadly of diseases?

With the proper fundamental instruction in both precept and practice and by actual contact with the disease the nurse will lose her unreasoning fear and acquire a wholesome one, much the

same as that experienced in caring for any other infectious disease with which she deals. In the average case of tuberculosis the treatment means careful attention to every detail of the patient's life. All adverse circumstances must be removed, as far as possible, and every good influence advanced. In accomplishing this the nurse becomes one of the most potent factors.

Statistics tell us that less than two per cent of the known tuberculous are cared for in sanatoriums and hospitals; this leaves a large number to be cared for in the home by visiting nurses and other agencies. Those remaining uncared for are the foci of infection from which we can expect an unending chain of new cases. The fact that these are often ignorant of spreading the disease does not alter the condition. If all the nurses who leave our training schools were fully alive to this danger we would have twenty thousand earnest educators lined up in this great fight.

Our first duty to either the student, or the attendant, is to teach them prophylactic care of themselves, which of course intimately involves the care of the patient. Lectures covering at least some of the points I have tried to emphasize are an essential part of the training. We teach that a gown covering the entire uniform is an absolute necessity. We provide the gown and enforce the order to wear it. The nurse is taught absolute cleanliness of her hands,—for example, when she leaves the ward to go to the dining room for her lunch it is not enough that she wash her hands in the ward bathroom before leaving, she must cleanse them again when she reaches the Nurses' Home. A swinging door into the wash-

room is the ideal arrangement, for this she may open with her foot. Door-knobs are always a source of infection and one too often overlooked.

In teaching prophylaxis it is always well to remember the fact that it is not the small and occasional dose of bacilli that does the damage, but the large and frequent ones. Nurses should be taught to cleanse the mouth with a mild antiseptic at least once a day and if caring for particularly virulent cases, before each meal. The theory that tuberculosis gains admittance through the alimentary tract and is conveyed by means of the lymph to the lungs is gaining ground with some recognized authorities. Since our real knowledge is limited and there is room for doubt, even this avenue should be carefully guarded. Nurses should be taught that it is dangerous at all times to eat food, candy, or fruit offered them by patients.

It seems almost superfluous to speak to this group of women concerning the dangers of contaminated foods by means of the house-fly. Yet nurses everywhere are careless concerning this danger. I believe in clearly setting forth the dangers from this pest in the class room and then following it up by presenting each nurse with a goodly supply of swatters for use in her ward, this at least until some better method is devised. The repair of screens should also be looked after by the executives of the institution.

Paper drinking cups should be furnished for the use of the attendants or students and for all other individuals in hospitals where suitable drinking fountains are not provided. Sanitary fountains are always to be avoided for patients in a tuberculosis hospital. All



dishes and other utensils for patients should be kept exclusively for their use and avoided by all others. Attention to every small detail such as I have mentioned is necessary if we would properly impress the student with the fact that they represent the price of her safety. The one source of infection which we are least able to control is the danger from expired air during coughing attacks of the very ill patient. Many are difficult to control in this matter; especially is this true of the patient nearing death, fighting for air, and coughing with every breath. The nurse must be impressed with the importance of having the patient cover the mouth with the paper napkin at such times. Teach her that it is then the germs are most virulent and present in largest numbers. The patience of the nurse is often tried to extinction in her efforts to enforce this simple rule so vital to herself and others.

The moment a student nurse is assigned to the care of a ward filled with tuberculosis patients, she of necessity and by virtue of that assignment becomes a teacher in that ward. The education of her patients becomes a very important part of her work. By helping him to conform to prescribed rules she will teach the three great essentials for the tuberculous, i. e., rest, fresh air, and good food. There is no other known specific for the disease. If he be an active case with rapid pulse, fever, and emaciation or other serious symptoms, rest in bed is absolutely essential, until the fever subsides and active symptoms are in abeyance.

The education of the patient must begin the moment he enters the ward, he is at that time in a receptive state

of mind and can be more readily taught to comply with rules regarding his care. Teaching the care of the sputum is of course all important, the first essential is the proper kind of receptacle which is usually the most expensive cup on the market. It should be complete with pasteboard cover, and no other unless it be equally good, should be accepted. This cup has entire space open at the top for the use of the patient; there are no folded-in corners to become soiled. We believe the sputum cup is preferable to the sputum papers used in some hospitals, as there is less danger of the hands being contaminated. The cups are collected twice a day and oftener if necessary. The nurse is taught to wear heavy rubber gloves while doing this work. A small galvanized tray with a handle makes an ideal receptacle for the cups. If the sanatorium is supplied with an incinerator especially constructed for that purpose the cups may be carried directly to it in the tray. If the hospital is not supplied with an incinerator, as is frequently the case, the next best method of disposal is an ordinary suit box into which the cups are placed, carried to the boiler room and burned in the furnace.

Paper napkins are used in lieu of the cambric handkerchief, or in lieu of gauze which is much more expensive. They should be dropped into paper bags which may be pinned to the bed or placed where the patient will have easy access to them. The small bag may be made of newspapers, collected in a large bag such as is used for flour, and burned. A small wire basket is now on the market designed to hold the small bags and surplus napkins. The large paper bag

need not be burned until filled, they are best kept in a large garbage can, and may be carried directly to the incinerator in the can.

The patients should be taught the danger of swallowing the sputum even in small amounts. A mild antiseptic mouth wash should always be provided for their use. Each bedside stand, preferably of the closed type, should be provided with a small pus basin for the individual use of the patient.

It is difficult to impress the patient with the necessity of rest, to teach him that exertion is detrimental, increasing his fever and activating all symptoms. Patients in the earlier stages of the disease resist and resent being put to bed. The nurse who is qualified to meet his objections with intelligent persuasive argument will soon win him to take an intelligent interest in his own care and will find him a great help in training other patients as they come into the ward.

The second essential in the treatment of tuberculosis is fresh air. The nurse must be able to explain why this is necessary, that pure air contains the oxygen which his diseased lungs must have if he is to recover.

The third essential, food, is most important. If the patient is run down, it is absolutely necessary to build him up. This can be done in conjunction with other treatment if he be given the proper kind and amount of food properly prepared and served. Most physicians of repute advise a mixed diet with the addition of milk or other nourishing liquids between meals. Care must be taken not to feed more than the patient can assimilate. The tuberculous patient requires a diet rather high

in protein because of the continuous waste going on in his body. The following foods have high nutritive value and are classed in their order as follows: milk, meat, eggs, vegetables, and cereals. The tuberculous patient should, as far as possible, be given at least some of the things which his appetite craves; in doing this his appetite may be stimulated for the more nourishing food which he so sorely needs.

So frequently the diet is left to the care of the nurse, that since it is such an important part of the treatment, she should be thoroughly prepared to advise and direct. Very definite instructions should be given as to the value of foods served, and also that their value is materially increased when served in an attractive and appetizing manner. The value of rest before and after meals should also be stressed. Too often we see a busy nurse who, perhaps, is hungry herself, carry a tray to an ill patient and leave him to his own devices. The tray is then carried out by a maid or a busy relief nurse and no one is able to note or record the amount of food consumed.

The care of the bed linen in the sanatorium is not a difficult problem. The nurse should be taught in handling it to agitate it as little as possible. Soiled linen should be placed in bags when removed from the beds in the wards or rooms and be sent directly to the laundry. If particles of dried sputum are noticed on sheets or pillow slips, it should be subjected to some strong disinfectant, and the patient admonished as to the dangers incurred.

Individual thermometers should be supplied; they may be cleansed in the usual manner for infectious cases.

Patients being cared for in open wards or shacks should be warmly clad. The nurse must be taught how to make an open air bed in such a manner as to insure the comfort of the patient. We cannot expect him to enjoy his open air treatment if he is cold. Contrary to that which is considered good technic in the general hospital, he should be allowed to sleep in warm underwear.

Aside from some of the special points I have tried to emphasize, the bedside care given is much the same as that for any ill patient,—regular baths, evening toilets, with care of the back for prevention of bed sores.

Complications are dealt with as they arise according to the orders of the physician. The most startling of these is, of course, hemorrhage. Many graduate nurses who come into the sanatorium have had no experience in this line, never having had opportunity to care for a patient with pulmonary hemorrhage. Standing orders must always be obtained for the nurse who may at any moment have to meet this dreaded emergency. During severe hemorrhage the nurse must be able to reassure the patient, always remembering that in many instances it is not the loss of blood which kills the patient but pure fright. How important then is her mental attitude at this grave crisis.

Just a word concerning artificial pneumothorax and some of the things the nurse should know concerning this newer treatment for the tuberculous. The type of patient who may be benefited by this treatment is a selected class and best results seem to have been obtained with patients having one comparatively good lung and an extensive

involvement of the other. The pleural cavity is filled with air by means of a needle. This process puts the diseased lung at rest; the patient accustoms himself to breathing with one lung. Some of the results, even with fairly well advanced cases, have been very good. The patient should be kept quiet for twenty-four hours following the treatment. The preparation of the patient and the tray is about the same as for aspirating, using the special needles which come with the apparatus.

To sum up,—all instruction given the student nurse concerning tuberculosis should be prepared and taught with the very definite goal of prevention in mind. Teach that the knowledge acquired must be used to help reach this definite goal. You have taught her how to protect herself, teach her that it then becomes her duty to do the same for others.

Supervision of the nurse will consist of close follow-up work, to see that the theory taught in the class-room is carried out on the wards, for actual practice and observation at the bedside is the only way to complete her education.

The nurse trained in the specific needs of the tuberculous has an unlimited scope for her work. Whether she be in public health service, the sanatorium, or on private duty, the field is always there, just where she is.

Provision should be made to give this training to the student nurse as a part of her general hospital work. Affiliation should be established with responsible county or municipal sanatoria having adequate facilities for teaching the student both theoretical and practical work. Special attention should be given to the housing of the student in selecting the

affiliated institutions. Under no conditions should she be housed in the same building with the patient.

Until all of our students are given this training the phthisiophobia among nurses in general will still exist. In this

advanced age of health and hygiene, surely every legitimate nurse should be prepared, at least to become a factor in oiling the machinery which will operate to stamp out tuberculosis whose toll is, as stated above, one death in every ten.

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#### CORRECTIONS

In the December *Journal*, page 200, third line from the bottom, left hand column, read *representation* on the board of trustees, instead of *representatives*.

On page 201, right hand column, the paragraph beginning, "As no school can be better,"—fourth line, change administration to administrators, making it read, "for the preparation of administrators."

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#### SONGS BY A WAR INVALID

"Looking On" is a modest little booklet containing some thirty inspirational poems by Jimmy Howcroft, a British airman who sustained a broken back during the World War and who is still unable to move hand or foot. The poems reveal an amazing optimism in view of the hopeless physical condition of the author. John Oensham says in the preface, "Some of you may think you could write better verse. How many of us could write anything at all under such conditions?" The little book may be obtained by sending 2/6 (\$0.75) to—Jimmy Howcroft, Little Forest Cottage, Lipbook, Hants, England.

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#### DOCTORS AND NURSES CLASSIFIED

The profession of medicine is made up of three groups: an upper third—leaders in research, thought and helpful action, self immolating altruists, the flower of civilization; a middle third—strong, able, clear minded men, who follow the lead of the upper third; and a lower third—prejudiced, ignorant, self-centered, whose approbation is undiminished. The sanitarian must have the upper two thirds with him; the lower third against him.

The nurses may be roughly classed as are the doctors: upper, middle and lower thirds. The upper and middle thirds are priceless assets to the community; the lower third almost as pernicious as the corresponding class of doctors. A health department cannot successfully administer without the public health nurse, who, if wisely chosen, will respect the rights of the doctor and add to his honor and influence. If she be of the lower third she will embitter, and justly so, the best men of the profession.—Edward Martin, M.D., in *The American Journal of Public Health*.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director, Nursing Service, American Red Cross*

### THE RETURN OF BREAD CAST UPON THE WATERS

PERHAPS nothing brings greater satisfaction to the Nursing Service of the American Red Cross in particular and the nurses of America in general, than to learn that work done by a member of this profession in some remote part of the world has lived and borne fruit. A particularly interesting example of this has recently been observed by Mrs. Charlotte M. Heilman, a nurse member of the Italian Commission to Europe during the days of the war.

Upon Mrs. Heilman's return last summer from a vacation spent in Switzerland, she visited Valdobiadene in Italy, a town on the Piave, near Monte Grappa, where she was sent by the American Red Cross shortly after the armistice to establish a small hospital for the refugees who were returning to what was left of their former homes. Before the war this little town was prosperous, lying in the heart of a very productive land, where were silk mills in which the beautiful Italian silks dear to our hearts were made. A hospital dating back to the time of Dante, which accommodated five hundred patients when war was declared, served all the neighboring villages as well as the little town of Valdobiadene, itself. When the war terminated the town was practically gone, little was left but the bare frames of the houses. When Mrs. Heilman arrived only a few families had returned, but the everlasting stream of refugees was beginning to arrive with little or nothing more than a bundle or

bag which they carried on their backs.

With the usual patience of the Italian, the men set cheerfully to work to erect some sort of shelter under which a bed of dry leaves or grass was made. Mrs. Heilman states:—

Their philosophy amazed me. Sometimes I offered sympathy to a family and almost always received a smile and the reply "at any rate we are free and we can build our homes again."

The American Red Cross erected two barracks on the grounds of the old hospital and repaired the end of one of the buildings to serve as a kitchen and store-room. It also supplied the equipment for a one-hundred bed hospital, including the operating room. The same physician who had charge of the old hospital was secured to take charge of the medical work. The only nurses Mrs. Heilman was able to secure were women of the village, and soldiers. Later when the hospital was well under way and the people were beginning to adjust themselves, the American Red Cross withdrew. Two years have passed since Mrs. Heilman left. During that period, she found, many buildings had been re-erected, mills were ready for work, schools going on smoothly, and the hospital in excellent condition. Mrs. Heilman writes:—

Two barracks are still in use, one of the old buildings has been reconstructed for office, kitchen, dining room, wards, and private rooms for fifty patients, isolation rooms, operating room, drug room, store room for mattresses, etc., also a small chapel, and



living apartments for the Sisters, (who, by the way, were the same as were in the Hospital before the war.) Another building which will accommodate 100 beds is almost completed.

The superintendent and the Sisters were delighted to see me and took me into every nook and corner of the place to show me what use they had made of the gifts of the A. R. C. Some appliances which they did not understand were brought out to have me demonstrate their use.

After we finished our rounds of the hospital, we had tea in the Sisters' apartments which had been made very cosy and homelike with things we left behind, including an old Victrola, a sewing machine, the lamp which I had carried all the way from Padua, dishes, and other things which were familiar to me.

Everything which we had left had been put to the use for which it was intended, and as I have heard many tales of how our gifts in various places have been misappropriated, I felt much gratified.

It was indeed a happy day for me and I was truly sorry when the hour for my departure arrived. I want the A. R. C. to know how appreciative this hospital is for the help we gave, and what it has meant to them to be able to provide hospital care to these people who were accustomed to it in normal times, and needed it more than ever when their homes were in ruins.

This illustration also demonstrates the wisdom of the universal policy which has been followed by the American Red Cross, of developing and assisting, but withdrawing when a community is able to assume the responsibility of direction. The American Red Cross has been exceedingly careful to follow this policy lest its work, instead of proving stimulating to a community, might have the opposite effect and create inertia, if not actual pauperism.

#### THE RED CROSS NURSE IN GREECE

The Refugee situation in Greece becomes more overwhelming and perplex-

ing each day. The November 15 reports from the American Red Cross show at least 140,000 in and around Salonica, with more arriving daily. They come from Smyrna, Constantinople and Thrace, the first with practically nothing; the second, with some food and equipment; the last named, with cattle and household goods. There seems to have been no estimate of those from Thrace made, but they don't appear to be as serious, as they are being sent to the farming districts and it is hoped that they will become self-supporting almost immediately. The Smyrna refugees, largely women, children, old men and women, present the greatest problem.

At Salonica the barracks formerly used by the French and British during the war are being utilized and put into order, while many near-by camps accommodating from 2,000 to 1,000 have been established. The same condition exists in and around Athens, and through the Greek Isles. It has been estimated that something over 1,000,000 refugees are now in Greece.

The American Red Cross has established its headquarters in Athens, and in coöperation with the Greek government, Greek Red Cross, and other National Committees such as the International Red Cross, and the League of Nations, is doing all it can to mitigate the suffering. Large quantities of material have been bought in Europe and several shiploads of goods, clothing, food and medical supplies sent from this country. About \$1,500,000 has already been spent by the Red Cross for this purpose.

In addition to the nurses who have been assigned to this work, the

following sailed for Greece on December 9: Christine M. Nuno, Alice G. Carr, Mary M. A. Weiss, Eleanor Dove.

Perhaps no one is better known to the Red Cross nurses than Miss Nuno, whose service in the Army and with the Red Cross at 44 East 23rd Street, New York City, has brought her into close association and endeared her to thousands of nurses. She has been particularly concerned with the disabled ex-service nurse and the operation of the Bay Shore Convalescent Home. The nurses of this country will be interested in this assignment and the broader field for service afforded her thereby. Miss Carr, Miss Weiss and Miss Dove are all experienced overseas workers, having served under the banner of the Red Cross in previous assignments to the various countries of Europe in reconstruction work.

#### THE RED CROSS COURIER

The first year of the life of the *COURIER* will terminate January 1, 1923. About sixteen per cent. of the subscribers are enrolled Red Cross nurses. While the value of this publication as a medium for the transmission of Red Cross news and policies to our large Red Cross family is obvious, some

changes, such as the use of better paper, increase in pages from eight to twelve, and a slight reduction in size of page will become effective almost immediately. While such changes will improve the appearance of the *COURIER*, it is also the intention of the Editorial Staff to make the *COURIER* of greater value by using more material of a constructive and interpretative character, thus making it of greater value especially to the nurses who are engaged in Red Cross work as administrators, as committee members, as public health nurses, and as instructors in the Red Cross course of Home Hygiene and Care of the Sick. Occasionally such questions have reached us, as: "Why is there not more Red Cross nursing news?" The Nursing Service is but one of many Red Cross services. The work for the ex-service man, Disaster Relief, Junior Red Cross, Nutrition Activities, First Aid, Production, and General Chapter News all desire and must have space. Therefore, the space must be divided accordingly.

We are proud of the manner in which the Red Cross nurses have responded to the solicitations of the Red Cross to subscribe to the *COURIER*, and we feel sure they will desire to renew this subscription promptly.

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For backs that are taxing the nurse's ingenuity to keep from a bedside I find nothing better than the unbeaten white of an egg patted over the area, and left untouched until it has dried. It forms almost a varnish, but a most comfortable and healing one. Sprinkle of zinc may be dusted on it before it dries to hasten the healing.—*Rose Edna Rogers, California.*

## FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

### THE BRITISH REGISTRATION ACT AT WORK

THE endless struggle between reaction and democracy in English nursing affairs has continued and still continues. It has not been possible to record the events as they took place, but in the following excerpts from an address by Mrs. Bedford Fenwick at a meeting in support of independent candidates nominated to the General Nursing Council for England and Wales, our readers may gather the main outlines of that struggle.

As we go to press, we do not know how the elections turned out.

The Council appointed under the Act of 1919 had not worked without differences, considering the elements of which it was composed it would have been almost a miracle if it had. . . . The Council had worked strenuously. As soon as it met she had proposed that the work should be divided up between a series of standing committees, and this course was adopted. Finance, Education and Examination, Registration, and Disciplinary. There was an immense amount of work to be done, especially by the Education and Registration Committee. Nursing education had been allowed to run wild, and when it came to investigating qualifications for registration the sifting of knowledge was a very difficult work to perform.

There was the Disciplinary and Penal Committee. They did not hear anything about that but it was one of the most important of all. This was the committee which would investigate accusations against any registered nurse; it was very important that nurses should be governed by their peers, and that the committee should be formed of registered nurses. Nurses were placed on the Register by the whole Coun-

cil, and they must be removed by the whole Council, not by any committee. The Rules provided for this safeguard, but it was a provision which had been contested.

During the first eighteen months of its existence, the General Nursing Council had done an immense amount of constructive work. It had drafted the constitution and published the rules for registration and education, and issued pamphlets containing syllabuses for training in general nursing, in mental nursing, in the nursing of sick children, in fever nursing, and for male nurses.

The rules provide for a just constitution, and had they not been tampered with through outside influence there would have been no friction in the General Nursing Council.

The first rift in the lute was the proposal that the Existing and Intermediate Nurses should be deprived of the record of their certificates on the State Register. The result of that disastrous proposition, if it had been carried into effect, would have been that the whole of the nurses at present in practice and holding good certificates of training, would have been deprived of their hard-earned qualifications and unable to compete for promotion with state certificated nurses when the State examination was inaugurated. It was a grossly unfair and illogical proposal. It arose because a limited number of persons in prominent positions had not got certificates of training, and was largely a personal matter. When the issue involved was understood, the minority on the Council felt that they had to make the choice between loyalty to the nurses, and the defence of their rights, and what was termed "disloyalty to the Council." Without hesitation they chose the former course. An agitation to prevent this wrong before it was too late was inaugurated. The attitude of the Ministry of Health was not sympathetic, but the nurses themselves impressed the Ministry with the justice of the demand and eventually this right was won.

The minority on the Council had suffered

many indignities; their proposals were voted down on nearly every occasion, not on the merits of the case, but by a partisan vote.  
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In the Nurses' Registration Act and the Rules framed upon it, great privileges were given to nurses. An excellent syllabus of general training had been framed but it was now suggested that this should be "temporarily withdrawn," and a skeleton examination syllabus adopted as a mere substitute, in spite of the fact that many training schools had adopted the syllabus of general training, and nurses were being prepared for the State examination upon it.

The Rules were simple, and provided for equality for all nurses. It was doubtful if many nurses had studied them. It must be realized that the temperament of large numbers of nurses was apathetic, presumably because their work was so absorbing, and did not leave them with much energy to consider other things.

It would be remembered by those present that after the Nurses' Registration Act was practically won, a new Society was formed to cut across the bows of the organizations of nurses which had worked so steadfastly for a quarter of a century to gain this measure, and took some 17,000 guineas from nurses on the strength of a pledge made in print, that if they were on the College register they would automatically and without further fee be placed upon the State register when the Nurses' Registration Bill was passed. The consequence was that many members of the College of Nursing, when the Act became law, did not place their names on the State register, and declared that they would not pay another guinea, and be bothered to fill in any more papers. The managers of the new body, therefore, became perturbed. Votes would not be there in support of its members when the election of the General Nursing Council took place. But it was known that so long as Mrs. Bedford Fenwick was in the chair of the Registration Committee there would be no preferential treatment for any body of nurses, but impartial treatment for all. It became absolutely necessary, therefore, to remove her from power. So outside the Council plans

were set on foot. The majority of members paralyzed the work of the Council by absenting themselves from meetings for ten weeks, when they came back with *carte blanche* from the Minister of Health to draft rules to carry out their policy. A rule (Rule 9 (A)) was framed and carried giving permission to the Council to place certain nurses on the register as second-hand entrants without trouble to themselves. Rule 9 (A) constituted an unfair preferential electorate, some persons taking an active part in securing this preferential treatment for one group of nurses through members of the Council amenable to their influence.

What had been the record of the majority of the Council during the last fifteen months?

1. They had attempted to deprive the nurses of the record of their certificates on the State Register.

2. They had wasted an enormous amount of time and money on drafting and printing a syllabus of training the promulgation of which they now proposed should be indefinitely postponed.

3. Doctors monopolized the chairs of important standing committees, which should be filled by registered nurses, and conducted their affairs in a most dictatorial spirit.

4. Silent members from all over the country cost the nurses hundreds of pounds for recording their votes on party lines.

Defining the policy of the group of Independent nominees, Mrs. Bedford Fenwick said:

Our policy is what it has always been.

1. Self-government for the nursing profession upon the basic principles upon which every other profession is organized: Power of self-expression, power of organization.

2. Control of education and of economic conditions.

3. Control of finance.

4. Co-operation with allied societies dealing with the health of the people for the benefit of the people.

If returned, we are prepared to work for an efficient and progressing syllabus of education, a sound system of examination in which registered nurses take a sufficient part. We are prepared to urge constant consultation

between the medical and nursing professions on work mutually beneficial to the health of the people, and between the nurses of the component parts of the Empire.

We are prepared to work for an Act to amend the Constitution of the Council, that it shall be a Council entirely elected by registered nurses, and not, as at present, controlled by the nominees of Government Departments, a constitution which has proved most inimical to their interests.

That the Standing Committees of the Council shall have registered nurses as executive officers, and not medical men or lay persons.

Discipline.—We claim that a registered nurse accused of felony or misdemeanor, or misconduct, shall, before her name is removed from the register, have the right to be tried by her peers. \* \* \* The Disciplinary Committee shall be composed of nurses.

#### OUR CONTRIBUTORS

Maud B. Munn, R.N., is a graduate of Lakeside Hospital School for Nurses, Cleveland, Ohio. She has been an instructor at St. Luke's Hospital, New York City, Leland Stanford, Jr., University, and the Vassar Training Camp. Miss Munn is now completing the work for Bachelor of Science degree at Teachers College, Columbia, and is assistant in the Department of Nursing and Health. She will remain at the College after graduation as an instructor.

Ellen M. Putnam now devotes all of her time to selling insurance. She knows nurses and their problems, because she was for some years a hospital dietitian and served in that capacity with a Base Hospital at Camp Upton and in France.

May Kennedy, B.S., R.N., is a graduate of St. Joseph's Hospital School for Nurses, Chicago, Ill., and of Teachers College, Columbia University. She has been Superintendent of Nurses at the Indianapolis City Hospital, the Anna and the Kankakee State Hospitals, Illinois, served as Chief Nurse with the A. E. F., and is now Superintendent of the Illinois State School of Psychiatric Nursing.

Robert A. Kilduff, M.A., M.D., is Director of Laboratories, Bureau of Health, McKeesport, Pa. He is the author of many articles on Bacteriology in its relation to Nursing.

David A. Shedd, Ph.D., is Professor of Vocational Education and of Educational Sociology at Teachers College, Columbia University. He is the author of a number of

authoritative books in these fields.

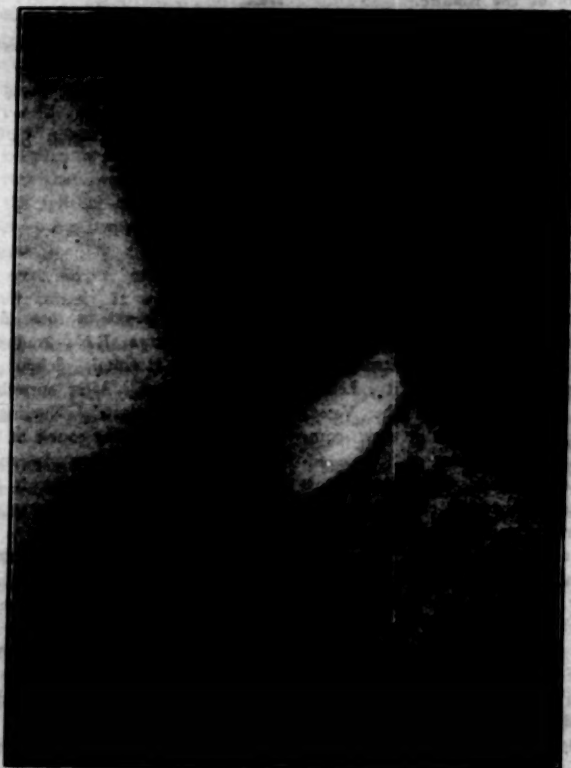
Marion Crowe, R.N., graduated from St. Elizabeth's Hospital, School for Nurses, Brighton, Mass. After spending a number of years in Industrial Nursing, she took a public health nursing course at Simmons College and the Boston Instructive District Nursing Association. She is now Superintendent of the Visiting Nurse Association of Portland, Oregon.

Virginia P. Gibbs, R.N., graduated from the Presbyterian Hospital, Atlanta, Ga., and has had postgraduate courses at the New York Eye and Ear Infirmary and the Boston Floating Hospital. She gave about three years in service for her country. Miss Gibbs has done both District and Tuberculosis nursing in Atlanta. She is at present working with the Director of the Division of Child Hygiene, Georgia State Board of Health, and has been with the Healthmobile since June.

Lillian D. Githens, graduated from Miami Valley Hospital, Dayton, Ohio, in 1906. She has held positions as supervising nurse at Miami Valley Hospital, Dayton; chief nurse at Brookside Sanatorium, Dayton, two years; visiting nurse, Dayton, four years; Board of Health Nurse, Dayton, one year (contagion); Superintendent of Nurses, Miami Valley Hospital, Dayton, 1911; Social Service Director, Miami Valley Hospital, three years. She has been Superintendent of Stillwater Sanatorium, Dayton, Ohio, for the past four years.



## WHO'S WHO IN THE NURSING WORLD



XVII. ELIZABETH GORDON FOX, B.A., R.N.

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## DEPARTMENT OF PUBLIC HEALTH NURSING

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*National Organization for Public Health Nursing*

### "THE TWENTIETH CENTURY PANDORA"

BY MARION G. CROWE, R.N.  
*Superintendent, The Visiting Nurse Association, Portland, Oregon*



THE Portland Visiting Nurse Association has discovered her. We confess that our interest in the Health Fairy, and our envy of the nurses who could use her services, sharpened our wits and opened our eyes to an appreciation of our own possibilities.

The Portland Association is fortunate in having on its staff a nurse who has, besides her R.N. and University degree for public health, an added asset, physical culture and dancing.

Children love fairy stories and our Pandora, who can interpret a fairy dance, dressed in her white gown, with silver stars and white wings, is certainly worth seeing. Her district is one of the

isolated ones, and oh, there is so much to do with the children in other than the public schools. (Portland has some public school nurses, who welcome any help.)

However, the work has progressed beautifully and we have equipped Pandora with the twentieth century box,—just a box that can easily be carried in the Ford. The outside is covered with paper representing children gaily dressed, romping, rolling hoops, playing ball, etc., all suggestive of healthy children. And lo! when the box is opened there are found the necessary articles to make these children healthy. The box is lined with gorgeous paper with

pictures of vegetables, fruit, etc., and in place of the contents of the original Pandora's box are found wands tipped with the following articles: an aluminum cup with silver paper cut in strips representing sparkling water; a paper milk bottle; a potato with a face cut on it and a green leaf hat; a small bun with a tissue paper dress and ruffled cap; a bouquet of fluffy spinach and other green vegetables; a basket of eggs; gloves with peas hanging from the fingers; stuffed tomatoes representing dumb bells; a cake of soap, a wash cloth, and a tooth brush.

Pandora, with her knowledge and grace, charms the children to accompany her first in a dumb-bell and then a tooth brush drill. They have then become well acquainted and answer her questions enthusiastically regarding the contents of the box. It is a health lesson that remains in the memory of the children because of the interest which it stimulates, even though they may not be aware of its full significance. She completes her appearance with a beautiful dance. Recently, after watching Pandora, one of the children asked, "Can she really fly?"

Our readers who were interested in the account last month of the Kentucky Mountain Settlements will, we think, like these pictures of "Uncle Bird Owlley" with his load of baskets made by the mountain people, and one of the bridges across Troublesome Creek, now well known through Lucy Furman's "Mothering in Troublesome."

#### ITEMS

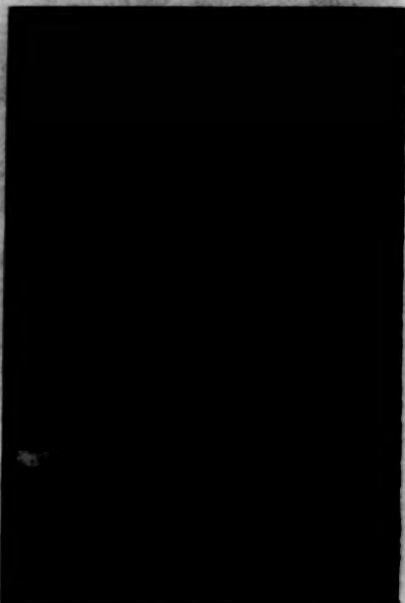
In a recent pamphlet issued by the National Tuberculosis Association, 370

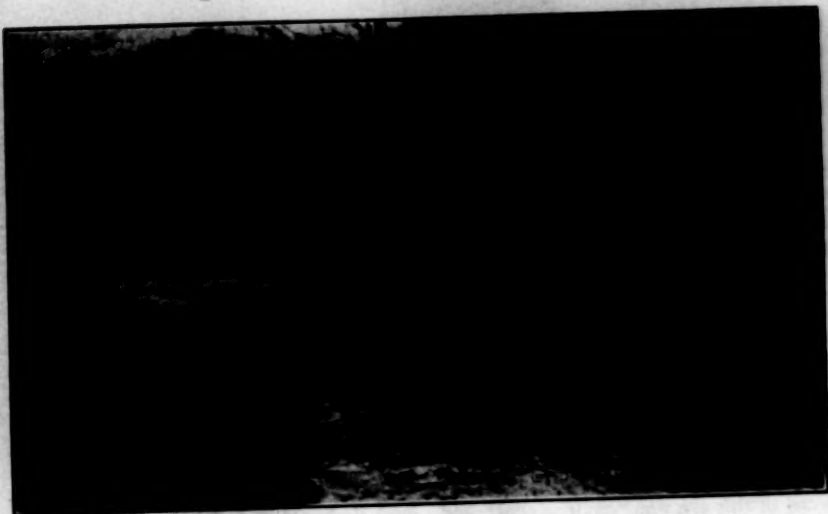
Seventh Avenue, New York City, the title of which is A Sanatorium Home Treatment Programme for Tuberculosis Patients, Dr. H. A. Pattison presents tentative standards for this Home Care. These standards give in detail the way in which the members of a group unit should be cared for, under headings: Home Surroundings, House, Medical Examination and Medical Requirements, Dietetic, Hygienic and Sanitary Measures, Occupational Therapy, Social Service Work, Sanatorium Requirements, Nursing Requirements.

The following are the Nursing Requirements prepared with much thought:

1. The nurse in charge of the group must have had actual experience and training in public health nursing and also in the care of the tuberculous sick, as follows:

- (a) She must have had at least a four months' course in public health nursing or, in lieu thereof, practical training under the





supervision of a nurse properly qualified according to the standards of the National Organization for Public Health Nursing.

(b) She must have had not less than two months as nurse in a tuberculosis sanatorium of class A or B.

(c) Or she must have had not less than six months' practical work in a tuberculosis dispensary. In case the nurse has had no sanatorium experience she shall be required to spend not less than one month in one of the sanatoria where members of the group are being trained.

(d) Every nurse shall be required to make herself fully acquainted with the personnel of the sanatorium staff and routine of treatment where the group members are treated and trained.

2. The nurse shall instruct some member of the family or other person to give such bedside care as is necessary and to carry out any other instructions of the physician which do not require knowledge or skill of a trained nurse, thus leaving her free to perform her educational and supervising duties as a public health nurse.

It is understood that the several requirements are subject to revision as experience indicates.

In outlining the benefits that may be

expected from this proposed experiment in Sanatorium home treatment, Dr. Pattison says:

Such a programme will doubtless lead to an increase in the number of public health nurses, and a wider knowledge of and interest in tuberculosis by nurses. It is possible that such an experiment could be conducted in rural as well as urban homes, with a consequent increase in the number of rural public health nurses.

The programme will be a contribution to the general tuberculosis movement. It will give an opportunity for more intensive family and social study. Almost without the knowledge of the patient or his family, the nurse will be gathering data on the economic cost of tuberculosis. She will be guided in this study by the instructions and blanks prepared and furnished by the National Association. The visiting nurse can secure valuable data of this sort that could be gained in no other way. There will be opportunity to observe the results of home treatment under various climatic conditions, at different altitudes, and among different social conditions. It will give a better opportunity to follow cases right on into industry and to study end results.

It will be interesting to watch the

results from this effort to help toward the solution of present difficulties in connection with the whole problem of sanatorium care of tuberculous patients. The New Jersey Tuberculosis League and the Department of Health of Newark have adopted this programme outlined by Dr. Pattison, and have financed it for one year.

Dr. Eugene R. Kelley, State Commissioner of Public Health, Massachusetts, in writing of the Modern Public Health movement, says there have been three fairly definite eras or periods in its development: First, the Era of Sanitation, roughly, from 1850 to 1880; the key-word of this era was "environment" and its typical exponent in the public health ranks was the sanitary engineer. Second, the Era of Infectious Disease Work, began roughly about 1870 and for about thirty years overshadowed all other public health concepts. The key-word of this era was "the germ." It was princi-

pally concerned with bacteriology and its typical exponent was the laboratory research worker. The third era, just beginning, may be called the Era of Hygiene and marks a return to first principles. It is principally concerned with the human machine, and its key-word is "education." Its typical exponent is perhaps the public health nurse.

#### HEALTH LECTURES FOR CRIMINALS

A curious new departure has been made by the People's League of Health in England. With the approval of the government, it has extended its propaganda to prisons, where it has arranged for lectures on "Health of Mind and Body: How to Obtain and Preserve It." Criminals are generally very ignorant persons, and as ignorant of hygiene as of other things. It is therefore hoped that good results will be obtained from the movement.

From: *The Journal, American Medical Association*, October 14, 1922.

Dr. Haven Emerson, Professor of Public Health Administration at Columbia University, is the new editor of the Health Department of *The Survey*. Dr. Emerson was Commissioner of Health of New York City in Mayer Mitchell's progressive administration. He was director of the Cleveland Hospital and Health Survey and of the Buffalo Hospital Survey. During the war he was in charge of the office of epidemiology of the chief surgeon's office, with the rank of colonel. He has taught on public health and related subjects in Cornell University, the New York School of Social Work, Teachers College, the College of Physicians and Surgeons.

*The Survey* already shows Dr. Emerson's influence and is of increasing interest to nurses.



# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

## PRINCIPLES EFFECTIVE IN VOCATIONAL EDUCATION APPLIED TO NURSING EDUCATION<sup>1</sup>

BY DAVID SHEDDEN, PH.D.

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I SUPPOSE there were some kinds of vocational schools hundreds and possibly thousands of years ago. The only types of ancient vocational schools of which I can find record were those employed to train soldiers.

The soldiers in the Macedonian phalanx were probably trained in a kind of vocational school. The aristocrats of even old Athens and Persia were trained for governing in a kind of vocational school for aristocrats. But down through the middle ages we find the beginnings of what we call professional schools, which of course are simply one kind of vocational schools: schools of medicine, law, theology. Every historic kind of vocational school, however, was promoted or developed as something unique; and very little effort has been made until very recently, as far as I know, to try to derive the common underlying principle of this great field of education that we distinguish as vocational education. But during the last twenty years in the United States there has come to be so widespread an interest in social efficiency, in making out of boys and girls, men and women who can better serve them-

selves and their people, that we have worked out, with almost amazing speed, a very considerable range of principles underlying such education. And because I have been invited to say a few words to you on that topic this afternoon I shall proceed to make as many practical applications of those principles, as I see them, to your field of work as I know how. I realize perfectly that this is a dangerous undertaking, because I know comparatively little about nursing education, and a person who tries to give concrete application to any theories or principles is always in danger of missing some very essential points.

In order to get a broad basis for our discussion I would like, however, to widen the definition of vocational education a bit by reminding you that in the sociological sense all men and all women, through all the ages of history, have had a kind of vocational education. All men and all women, broadly speaking, have had to learn to work; and where and how they learned to work constituted, of course, for them, their vocational education. When you try to analyze the sixty or seventy million adults now in the United States with a view of finding what kind of vocational education they have had, it becomes very easy to divide that

<sup>1</sup>Monographic report of an address given at the annual meeting of the New York State Nurses' Association, New York City, October, 1922.

vocational education into at least three very distinct types. First there are those who have had their vocational education in what we have already called a vocational school. Any type of school is of course an institution whose primary business it is to educate. It is not the primary business of the factory and the farm and the boat and the hotel and the mine to educate its workers. Incidentally, all of these institutions do educate, but that is not their primary function,—whereas the primary function of any type of school is to give some kind of education. And so we find, as nearly as I can compute from the figures of the United States census, that something like five or six per cent of the adult workers in the United States today have been prepared for their vocations in vocational schools. You would easily infer that this number probably includes practically all of the physicians, trained nurses, and lawyers, most of the clergymen, a good many elementary school teachers, a considerable proportion of the stenographers, and nearly all our army officers and other people of that type. So we can put to the credit of vocational school education in the United States some five or six per cent of our qualified workers.

Further analysis will show that another five or six per cent of the people of the United States were educated for their vocations under that ancient form of vocational education that dates back certainly to the times of the Old Testament and that flourished tremendously all through the middle ages, which we designate as apprenticeship. Nearly all the plumbers, locomotive engineers, pattern makers, a good many bricklayers, carpenters, electro-engravers and other

people of that kind, have attained to such educational proficiency as they now have by means of apprenticeship in this country—apprenticeship in a country where it has never flourished very well and where, on the whole, it shows signs of decadence rather than of vigorous growth.

This leaves to be accounted for some ninety per cent of the adult workers in the United States who are today in vocations, and who, at anywhere from twenty-five to sixty years of age, exhibit the products of certain kinds of vocational education, yet who were never trained through any vocational schools or under any systematic apprenticeship at all. I have recently adopted the term "pickup" vocational education for them. They have been educated in the "pickup" school, if you want to call it such. That gives recognition to the fact that they have learned a good deal of what they now have by imitation, that they have picked it up in bits from watching other workers and from trial and error processes among themselves. Broadly speaking, nearly all of the farmers, nearly all of the home workers, nearly all the sales people and clerks in stores, nearly all the miners, nearly all the factory hands, nearly all the sailors and large proportions of other workers in the United States, constituting in the total about ninety per cent, were educated in this "pickup" school. And if you want a very simple interpretation of what we sometimes call the American movement for vocational education, you must really interpret it as a movement to transfer certain types of vocational education, perhaps all, from the pickup type either to the apprentice type or to the definite school type.

Now the profession to which you belong is a profession that has had its vocational schools for more than fifty years, and in some ways, as I read the history of nursing education, it has been a peculiarly glorious history. Nursing education has been spared, to a certain extent, one of the afflictions that for a very long time burdened medical education, legal education, engineering education, normal school education and other forms of higher vocational education. All of these other forms that I have named, in their early stages, almost invariably attempted to educate via books and via laboratories only, but not via practical experience at all. The old type of medical college was a college of books and laboratories but involved no direct participation in the healing arts at all. The old time engineering college, and I think we can say with a certain amount of justice, even the present-day engineering college, is still an institution of books and of laboratories, and only in a rare case like Cincinnati University or the Massachusetts Institute of Technology do you find the beginnings of practical participation. Here and there a good many engineering schools insist that the summer vacation shall be spent in practical participation, but they have come to it reluctantly. The old type of law school, built on its foundation of Blackstone, sought to teach not the practice of law, but the principles of law; and they were not doing very satisfactory work until the development of the case method. The case method has succeeded in bringing the law school education very close to the conditions of life, the practical workings of legal practice.

Normal school education was orig-

inally a matter largely of books and of theory; but latterly the practice school has grown until more and more the normal school system of vocational training reaches practical participation. The earlier agricultural colleges taught men from books, but brought the student close to the soil or close to domestic animals to a very slight extent indeed. A great deal of that earlier agricultural education itself, therefore, was futile as regards vocational powers.

And so I say the very history of nursing education has been spared through these many years of trial and confusion too great devotion to a theoretical and bookish kind of vocational education. From the start of the nursing school, as I read, perhaps necessity here, perhaps great devotion there, brought it about that nursing education should partake something of the character of an apprenticeship education; that there should be a certain amount of that practical, intimate contact with the realities of work that always, of course, fell to the lot of the apprentice. It has been complained, I am well aware, that some of nursing education has been bound a little too tight to the wheel of practice, that it does not give its candidates a chance to look up into the bigger realms of technical knowledge that have been rapidly growing, and which, in the last analysis, should serve to enrich and enlarge nursing education.

Of course it is characteristic of all types of education to swing now to one extreme a little and now to the other. I have no doubt that in the last few years many corrective tendencies have been applied in the field of nursing education. But I have many times discussed the sound pedagogy of nursing

education to my class of students with whom I have been discussing vocational education. Especially in schools for commercial callings and farming, it has been very difficult to introduce any good vocational education. It has been so difficult for students in these fields to see the necessity of continuous, practical participation as a means of effective vocational education. I have frequently referred to nursing education as having been, in my estimation, from say 1860 to 1900, during which period even law education and medical education were more bookish than practical, the soundest and most effective system of vocational education in schools that the world had ever seen in proportion to the time expended upon it.

So from that basis I want to discuss with you today certain of what seem to me to be the current problems of nursing education, to which we can apply these principles of vocational education that are going to be more and more clearly seen.

One principle that is being quite generally accepted today of vocational education is that there must be a proper compounding, as I have already hinted, of practical participation with the study of the sciences, the fine arts, any other arts, mathematics, foreign language—whatever there is that tends, as it were, to round out a good combination of possibilities of progress for the practitioners of the vocation. But we note the almost inevitable and universal tendency to separate those two factors of education, putting practical participation in one compartment, the technical studies in another, and leaving the student to bring the two together. All our experience with vocational edu-

cation to date proves that, except for a very small percentage of the most gifted minds, unless the training school will itself take charge of this welding process, the normal average student will not do it. They will not often do it even in that highly selected class of students that we get in our engineering colleges. In other words, a sounder knowledge of vocational education compels an interlacing, a mutual relationship—perhaps the word correlation will suggest it—of practice and theory, and theory and practice, towards practical efficiency. I think it can justly be said of every type of vocational school that we know anything about, even including medicine, and conspicuously including normal schools and engineering, that they have a tendency to teach those two great factors or elements of vocational efficiency, in separate compartments, without taking the proper precautions to bring them together.

The reasons for that are inherent and very difficult to overcome. The first reason for it is that in practical participation in any kind of work, one is able to progress from the simple to the difficult, from one routine to another; but when we come to such fields of related knowledge as chemistry, physiology, bacteriology, physics, foreign language, mathematics, and the rest, each one of those subjects tends inevitably to develop its own inherent logical organization. In other words, you have, as it were, two original schemes here, unrelated to each other, and the tendency of the teachers is to move their pupils along each one separately, hoping that in some kind of way, by and by, the student when he experiences need, will then bring his technical knowledge over

to reinforce practice, or bring his practical experience to a better interpretation through his technical knowledge.

In the light of the best psychology we have at our disposal, it is probable that only about two or three per cent of minds are born with enough ability to make these applications alone. Recognition of that throws upon us the educational and technological problem of achieving better methods. There are two types of methods now used. One is to make the technical knowledge, as it were, the center, and then to dovetail in a little practice here and there and everywhere as we go along. That is the practice today of the engineering colleges, to a large extent. It is also true to a very considerable extent in the normal colleges, notwithstanding the development of practice schools.

The other method, of course, would be to proceed along the line from low to high, from simple to complex, of practice; and then, at successive points, discover the kind of technical knowledge that can properly be incorporated into the practice. And my own very firm belief is that the latter method is the one that is going to prevail. I believe it will eventually prevail even in medicine and in engineering.

It may be that much job analysis is necessary in the nursing profession or nursing education, so far as certain older or historic types of nursing are concerned. The natural course of events has given your profession a very competent grasp upon the requirements of certain of the historic types of nursing education. But the significant thing to the observer today is the multiplication of vocations under the general category of nursing. The situation here, of

course, is exactly parallel to what began as far back as the 1860's in the field of engineering education. In 1860 or 1865, when those great engineering colleges of ours in this country were developing so fast, partly under the influence of the so-called Morrill Act of Congress, leaders thought in terms of just one engineering profession, civil engineering. They used the term "civil" sometimes only to distinguish it from certain types of war or military engineering. Well, today, a well developed engineering college has fourteen or fifteen types of engineering education; it has mining engineering, mechanical engineering, electrical engineering, chemical engineering. It has been found necessary to build distinctive curricula for each of those new types, even though an inadequate analysis of the job to be done has preceded. Conservatism has often ruled and it has been natural that for a long time the mechanical engineer has had to take very much the same basic studies as the civil engineer.

Now may I use another illustration? There is a rather old vocation in the United States—that is, a vocation that many years ago had developed pretty good vocational schools,—called dentistry. Now the early dentist was perhaps only a high grade mechanic—a mechanic of fillings and pullings. But today the dentist at his best is something very different from that. At his best he is one who is following very intelligently all of his new discoveries about the disturbances to bodily health that emanate from decayed teeth or from decayed bony structure under the teeth. And the result is that from a hundred different directions, one is tempted to say, there are coming pressures to make the dental



profession a higher profession, a profession with better training, better preparation, better selection of personnel at the outset. Universities now want to put their dental schools on the same high professional level as schools of medicine. But in the meantime, if as an accompaniment of this, the prices of dental work go up, it is quite evident that large proportions of our population will not be able to afford dental work on the new basis. And so now we see the beginnings of differentiation within the dental profession. For several years there has been a strenuous effort made in Massachusetts to legalize a certain kind of dental practice by people with comparatively meager professional education: namely, that kind of dental practice that is so simple really as the cleansing of the teeth. It is recognized by people with common sense, I think, that it is a very expensive thing to put to the job of cleaning the teeth a person who had a prolonged and expensive professional training. And the State of Ohio, as some of you know, has now legalized the place or the function or the position or trade, or whatever you call it, of dental assistant. I think in some states they have tried to call it a dental nurse; I doubt if it is called that in Ohio, but I am not well enough informed as to the fact. But this dental assistant is legalized only to cleanse teeth and under the direction of the dentist, and there is to be presumably saved a great deal of the expert's time to concern himself with the more necessary work.

Now in many other professions this differentiation goes on apace, and of course, as I said before, it takes only cursory reading today to realize that in

the broad field of nursing there is this differentiation going on. I have been for many years myself very much interested in bringing about in the schools the presence of the so-called school nurse. But when you begin to examine closely into what should be, and what in a given case probably will be, the functions of the school nurse, it is quite manifest that there are certain functions as to which that school nurse may be required to have intimate knowledge, that have nothing whatever to do with historic nursing, just as there are some other of her functions that are close to historic nursing. And so we have in the making, as it were, a new type of job or profession, and we have to differentiate and to make the education the most effective possible; and we have got somehow or other to make readjustments of training for them. These readjustments should involve very considerable amounts of some kind of experience, study about, and training in, the things that have to do with classroom procedure, with schoolroom behavior; and on the other hand, certain portions of that training should resemble that which is now the part of the traditional or historic type of nurse. As far as I can read the signs of the times the same thing is going to be largely true with the public health nurse or municipal nurse, the institutional nurse, the factory nurse, or other jobs of that kind. It may be that we are then in the presence of the developing gradations of this education. It may be that there are some of these coming nursing educations that shall be put on just exactly as high a level in terms of personnel and preparatory training as the medical profession itself; and on the other hand, there may

be some others that may be regarded as more nearly analogous, perhaps, to this dental assistant's position.

What society unquestionably will do in situations of that kind is to recognize the signs of our times, which are towards specialization, and then allocate them on some system of classification of license, so that a person licensed to perform one type of work shall not perform another type of work for which he is not qualified.

Now of course to a certain extent we all resist a tendency of that kind, because it brings with it some suggestion of the degradation of an historic profession. But I want to recognize in that connection what I think can be stated today as a third basic principle of vocational education: namely, that we shall not outrun our sources of supply of material. You have heard a great deal in recent years about intelligence testing and about I. Q.'s and things of that sort. Now the psychologists have brought, as it were, within the realm of a more or less exact science today what in a kind of way we always knew: namely, that people are born into this world with varying endowments; and that the number of people born every year with the highest endowments is unfortunately, in the present state of eugenics of the race, pretty small. There are only a few very able people at any time, and fortunately it is just as equally true that there are only a few very inferior people at any one time. The great majority of people are of the middle grade and average.

Now I doubt personally if there has ever been a time in history when there were so many kinds of work clamoring, competing, fighting each other to get this superior four or five or eight per

cent of our boys and girls who have been brought into the world with these very high grade endowments. In the field which I know most, public school teaching, there is not the slightest doubt today that the whole field of secretarial work, from stenographer up, is competing very sharply with education to draw away not merely the superior young women in our cities, but to a large extent the superior young women from our farms as well.

The same thing is happening to nursing more or less. But in the general field of secretarial work, the number of young women workers more than doubled between 1910 and 1920, reaching a total of 500,000.

In this competition it is always possible to pay more, to make the career more attractive; but there are limits to that, just as there are limits to what we can do with the human mind at the very best. Hence no field of vocational education can afford to outrun its source of supply and, by the way, the vocation of nursing is also one of those professions which the census shows to have doubled in ten years. Perhaps the only way of keeping our feet on solid ground and keeping up with the demand may be differentiation into higher or lower degrees of the vocation itself, so that we have a place for the very few gifted persons who come to us and are willing to remain with us for more than a few years, as well as for the less able.

We do want the vocation to be able to make the best or maximum use of all kinds of material that are properly available. I sometimes think that the shrewdest and wisest man in America for the last fifty years or perhaps the last hundred years has been what might

be called the typical business man in this respect. I remember in England one time talking with Michael Sadler, a prominent leader in English education. He had been visiting in this country and he told me this: "The only great men you have, the great men in America today, are the *entrepreneurs*. They are the only originators, they are the only great. Your *entrepreneur* in America, the man who organizes a gigantic enterprise, employs thousands of people. Here he will pay a person \$12 a week and there he will pay a person \$30,000 a year, according to his qualifications. He has, as it were, an assortment of positions available; he makes them. Your great big commercial enterprise today has a place of welcome for every type of person, from the moron to the inventive genius." This is one of the principles which no profession can afford completely to ignore. We cannot assume that there is just one standard type of worker for the whole field of elementary education, or for the whole field of practical medicine or dentistry; and I am sure we cannot so assume it, either, for the profession of nursing, remembering that this profession must depend on young women, the large majority of whom will in four or five or six years marry.

I speak in this vein because that broad field of work in the ministry of health that is to be achieved by others than physicians, whether it be the health of school children or the health of poverty stricken mothers reached by visiting nurses, or others,—that field is manifestly expanding, not only with extreme rapidity, but is obviously ready to become a sort of a great field of public work rather than a private enter-

prise—a great public work like that of public school teaching.

There is every reason why we should want the best service here and the best training for that service. If we can render a larger public service by differentiation of type, one type of training to be offered to those who are not quite so bright or brilliant or enduring, and another type of those who combine perhaps wonderful minds and wonderful enduring powers with some scientific insight; then of course it becomes manifestly the public duty of the profession to make those adaptations.

Do not imagine from what I have just said that I am favoring any lowering of standards in nursing education. I am of the opinion that in this, as well as in some other fields of vocational education, we may effect such reorganization of our methods of professional education as will enable the mentally superior to reach their final high goals by a series of somewhat separated steps rather than all at once.

At Teachers College, the average age of students in the School of Education is probably between twenty-five and thirty-five years. All of these students manifestly have served some years as teachers. What are they in Teachers College for? We have a little word in industrial education that perhaps describes it. They are there to be "up-graded"; they are there seeking advancement to higher stages. Some who have been teachers want now to be principals. People do not become school principals until twenty-five to thirty-five years of age. Some want to become superintendents or administrators. Some have been superintendents of small places and they come to us to get some more training

so they may step into more responsible places.

In the field of engineering education there is, as yet, practically none of this up-grading education offered, I think. The attempt is made to finish the job, as it were, at once, while the student is still with them and while he is still young. But I think that method will prove to be wrong from the standpoint, especially, of all such vocations which might be described as vocations of leadership and into which, eventually, so many engineers go. Medicine illustrates a somewhat different tendency. Today the young man graduating from medical college, with his necessary hospital practice, usually spends a number of years as general practitioner. Then if he believes he can serve himself and society better by being a specialist, he returns for a graduate year of work at some central point.

A specialist is, of course, simply one type of leader. It seems to me that for a number of positions of leadership that are likely to emerge in nursing, we should establish advanced training courses for those persons of some years experience. Especially should these appeal to those persons who have just made up their minds to make a life career of nursing. There are some beginnings of that sort of thing now; but as a principle of vocational education,

the programme of up-grading education for leaders has not yet been very widely accepted by professional schools. The extent to which that system now prevails in the great field of education for leadership which takes place on the "pickup" level in department stores and factories and on railroads is something little realized as yet. In any great bank, department store, railroad system, or factory, it is the rule. Down at the bottom, as operatives, are thousands of young workers. The management watches them year by year. Year by year, as they struggle to become more efficient, more conscientious, more informed, the best ones emerge, perhaps after four, or six, or eight years. Naturally these are the gifted ones. We cannot defeat nature's purpose in putting premiums on natural endowments. Those gifted ones succeed who have put their ten talents out at interest. They have attended night school, they have taken correspondence-school courses, they have learned to study by themselves. Here we have self training for leadership. High grade schools will eventually help out all along the line.

I want to thank you for the opportunity to say these few words about one of my hobbies and you will pardon me for making some suggestions as to the "up-grading" of your profession.

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One of the most convenient—and certainly the least expensive—bed tables I have ever used was made by knocking out one face and the two long sides of an ordinary packing box. The box was six or eight inches longer than the width across the patient's knees, and something over a foot high. Of course the size of the box would depend on the size of the patient and the use to which it would be put.—*Rose Edna Rogers, California.*

## STUDENT NURSES' PAGE

### REPORT OF A CASE ADMITTED TO THE HUNAN-YALE HOSPITAL, CHANGSHA, CHINA, SHOWING THE DANGERS OF ASCARIASIS

BY MARGARET LIU  
*Senior Student Nurse*

**T'AN TSAI KUANG**, aged 3 years,  
female, single.

Admitted—August 16, 1922.

Chief Complaint—Vomiting and abdominal pain for two days.

Family History—Negative.

Past History—Negative except that she passed some round worms after taking some Chinese medicine, before admission.

Present Illness—Two days ago the patient complained of some abdominal pain and vomited the food taken. The bowels move once daily, and are normal in consistency. The pain in the abdomen is only relieved by pressure. On the day of admission she had two bowel movements, and passed round worms in the stool.

Physical Examination—Heart and lungs negative. Abdomen—Recti muscles somewhat rigid. Slight tenderness all over the abdomen.

Temperature—On admission 37,<sup>1</sup> pulse 80, resp. 20. In three hours temperature suddenly rose to 38, pulse 140, resp. 40.

Exploratory laparotomy for intestinal obstruction or intussusception advised.

Operation—Showed gangrene of the intestine for about twelve inches, above an obstruction three feet from the cecum. The obstruction consisted of a mass of ascaris two inches in diameter.

The patient died before resection could be done.

<sup>1</sup>Evidently Centigrade thermometers are used in China. The English is entirely Miss Liu's.—Ed.

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### THE VALUE TO STUDENT NURSES OF EXCURSIONS TO OTHER INSTITUTIONS

BY RUBY LASSO, STUDENT NURSE,  
*Blessing Hospital, Quincy, Ill.*

**D**URING the early period of our training and throughout the entire course, whenever practicable, we are permitted to visit other institutions in the city where activities are carried on which prove interesting and of value to the nursing profession.

This fall our class visited the Milk Pasteurizing plant, where we were shown the entire process of pasteurizing from

the point of delivery of milk by the farmers to the plant, to the point where it was ready for delivery to the consumer. The plant having been recently established with all equipment new and clean—was interesting and we felt better informed. We can now tell our patients why pasteurized milk is more healthful than raw milk—especially when raw milk is purchased from the small dealer



and no inspection is made of cows, or the barns which house them.

In our next trip, to the City Water-works, we were conducted through the establishment by the Superintendent, and we gained much information about how water is pumped from the Mississippi River, filtered, and purified with the various processes. According to their statistics and those of our City Health Board, a safe drinking water for the people is provided, thus checking typhoid fever, and other infections resulting from impure drinking water, which were present in the community before this effective process of water purification was carried on.

Following these, were excursions to the Ice Plant, where we saw pure ice in the making; and to the bakery—an

evening tour so we might learn how bread and rolls are prepared in large quantities to supply smaller bake shops and institutions. Both proved not only of interest but profitable in our future work.

An entire afternoon, spent in the Sailors' and Soldiers' Home, including the infirmary, taught us how this immense institution can well be compared to a well organized small community efficiently managed in every detail.

These various excursions followed by the regular lecture and class room course in Hygiene and Sanitation gave us a better understanding of the subject and made us realize the close relationship of these activities to health and why we as nurses should familiarize ourselves with them.

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#### EGG LEMONADE

It is astonishing how very few people have heard of this excellent beverage. It is so useful that I think it should be more widely known.

This is the way to make it: Slightly beat up an egg (white and yolk) in a glass with a pinch of salt. On to it squeeze the juice of a large lemon, or two limes according to taste and the amount of juice in them, you need about two tablespoonfuls of juice. Beat the egg and lemon juice well together till it is thin and not at all stringy. Fill up the glass with cold water and sweeten to taste. It should be served as cold as possible. The important point to remember is to squeeze the lemon juice on to the egg before adding the water. The juice of the lemon partially digests the egg white and makes it easily assimilated.

This simply made drink is very useful in Hospitals, as most patients will take such a palatable beverage, and it is a valuable method of administering nourishment. Being easily digested it does not interfere with ordinary meals.

In Infant Welfare work it is specially useful, as the egg and lemon juice combined is an easy way of adding vitamins to the diet of ill-nourished children, also to expectant mothers.

For growing girls it is excellent, if they are inclined to be anemic, then it could be made with the yolk of two and the white of one egg, when one remembers that the yolk of egg is a good source of iron, the benefit will easily be seen.

It is a good pick-me-up for tired nurses, and is especially nice if some crushed ice is added before filling up the glass with water.

There is absolutely no taste of raw egg. I have given it to patients who could not bear raw eggs in any form, and they have not known it was egg.

Orange lemonade can be made in the same way and is equally nice.—*Nursing Journal of India.*

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 300 words in length and should be accompanied by the name and address of the writer.

### A FIGHT FOR NURSES

**D**EAR EDITOR: Mrs. Robert Beattie, a prominent Detroit woman and the wife of one of our well known doctors was telling me of her deep interest in obtaining rank for nurses in the army. Mrs. Beattie helped equip the nurses of Base Hospital No. 36, Detroit, for their work overseas, and was always deeply interested in their work and welfare. I thought all nurses in Michigan, and other states, too, might be interested in knowing how Mrs. Beattie worked and fought for us in Michigan and Washington. A letter was written by her to Congressman Doremus, and on her way to Florida she stopped off at many places to interest judges and others who were acquainted with the Congressman, so that they might write to him in favor of the proposition. Mr. Doremus replied, stating that he had taken up the matter with the chairman of the proper committee, who had informed him that a group of women was already in Washington, asking for the same reform. Mr. Doremus suggested that all efforts be combined, and said that he would be watchful of the interests of the Detroit women. Then followed a nation-wide bombardment of the Representatives at Washington, with letters, telegrams, and petitions from women's organizations which urged immediate action by Congress. Mrs. Beattie obtained the endorsement of every women's club in the city of Detroit, and the state of Michigan, also the support of the American Legion in city and state. Almost at a moment's notice she started for Minneapolis to seek the endorsement of the national convention of the American Legion, accompanied by Wilhelmina Weyling and Miss McDonald. She haunted the convention hall for several days, bringing all possible pressure to bear on the members, and on the personnel of the committee, to which the proposed bill was referred. Finally the committee reported favorably, and the bill received the sanction of the convention. The New York delegation had opposed the bill, but Theodore Roosevelt, Jr., came to the women's aid and passage became assured from that moment. Mark McKee of Detroit was

also of great assistance, placing his long political experience at their service, and these happy, rejoicing women left for Detroit after this significant work for the bill had been accomplished. The scene of the battle was now transferred to Washington, where the measure came up for passage through Senate and House. The committee (Mrs. Beattie's) received a message from Washington, stating that Mrs. H. C. Havemeyer of New York was coming to Detroit in furtherance of the nation-wide campaign for the bill. It was suggested that a banquet be held, so that Mrs. Havemeyer might meet and inspire as great a number of women as possible, to work for the cause. With the aid of the Twentieth Century Club, and with Mrs. Beattie as hostess, a notable banquet was held in the club building. It was attended by the presidents of all the women's clubs in the city, as well as by prominent women of the state, including Mrs. Blodgett of Grand Rapids. Thousands of women were reached by the eloquent talks (and indirectly by the banquet) of Mrs. Havemeyer and Mrs. Blodgett who spurred every woman present to pledge support. A plan of campaign was agreed upon for the organizations represented, and it was arranged to send a shower of night letters when the bill should be in committee. At last came the final moment in the summer of 1930. The bill was before the House, and an emergency signal went out from Washington that all the influence possible be brought to bear on Michigan's representative. Mrs. Beattie, the chairman of the committee, at once waited upon Mr. Henry Leland and Mr. Frederick Alger, and sought their help. Both promised readily, and both sent telegrams to the state's congressmen, pointing out the advisability of passing the measure. A few days later came word that the measure had gone through, without a single opposing vote. These Representatives, who had been reported unfavorably, having been "won over" by the telegram. Another signal came over the wires, that Michigan women would have to concentrate strongly on the Senate. Once more Mr. Leland and Mr.

Alger were applied to, and once more they sent telegrams to Washington and once more there was a unanimous vote, in favor. After that, only President Wilson's signature was needed. It was affixed late in the summer, and a period of keen anxiety thus ended. The much fought-for bill was safe. The committee, however, is not quite satisfied. It is eager to see erected, in Michigan, a home for nurses who served overseas. When this has been secured, they will consider their efforts fully crowned. Another person to whom The Nurses' Aid Committee feels that it owes many thanks is Mrs. Newbro, who helped make the banquet a success. In addition to the persons named, who were responsible for all expenses, numerous other personal friends and members of the general public, whose sympathy had been evoked by newspaper articles, came forward freely with contributions.

Michigan

E. C.

#### A PLEA FOR PEDIATRIC TRAINING

**D**EAR EDITOR: Baby clinics, child health centers, children's and infants' hospitals exist in all progressive countries, and from these has arisen the great demand for the nurse especially trained in infants' and children's work. Where and how is she to be trained? Some general hospitals have an excellent Pediatric service, while others do not admit children under two years of age. The latter, it is evident, limit the training of the nurses to the under-school age and older children. Now is the opportunity of the Infants' and Children's hospitals with their special equipment and their plentiful and varied supply of material with which to train the nurses both in the wards and the clinics. A nurse from a general hospital should have at least three months training in Pediatrics. The nurse who wishes to specialize in this work, however, should take a postgraduate course for further experience. The fact must not be lost sight of that the aspiring nurse comes as a student and not as an employee of the hospital. Her course must be mapped out and arranged for and instruction given regularly. She must receive the necessary instruction in the special treatments in children's work and a course of lectures by the Pediatricist. The broadening education of going to another institution can-

not be underestimated. Students are placed in a strange environment with another class of students and patients, and there they may realize the breadth of the field before them which they are barely touching. In this way students may find themselves, seeds may be sown that will later lead to this special line of work, and what seemed at first to be merely holding a baby's bottle, when she takes an intelligent interest in the formulas and in watching the after-results, seems most absorbing and worth while. There is a tremendous field now for the graduate nurse in Pediatrics. The Pediatricist now demands that the nurse who is assisting him either in children's institutional work or in child welfare work be specially trained for it. He has spent years in special study and it is no small help to him to have the assistance of a nurse who as a result of her training excels in the nursing of sick infants and children. It is obvious that the advantage to the small patients themselves is of tremendous importance, the nurse has learned how to manage the baby and the child, and her work will more perfectly complement that of the physician. Nor does the value of her work end here. There is the Social Service nurse who in doing the follow-up work of the hospital, in educating the mothers in the proper feeding and care of the children in the home, is doing her part in assisting to build up a healthy generation,—no small contribution to the state. What richer heritage could a nurse desire than taking part in a great national undertaking—the Welfare of Children?

New York

J. B. G.

#### COMMENTS ON THE DELANO MEMORIAL

**D**EAR EDITOR: In my estimation, the way to raise a monument to Jane A. Delano would be the use of her name more in the nurses' recruiting work and at nurses' meetings of all kinds, to keep her good deeds constantly before us and the future generation of nurses. Cold stone cannot speak. Many of our nurses will never have a chance to see the monument. Let us have good biographies written of her. Let us have more aid of her in the *Journal*, more quotations from her. Let us become better acquainted with her. Let us teach more of the

cremation of the body, so that in future the bodies of nurses will not be hauled hither and thither over the face of the earth. Let us spend our money in something for future nurses, not the dead. Let us care less for display and more for real actual service.

Indiana

A. B. M.

#### STUDENTS APPRECIATE THEIR OPPORTUNITIES

**D**EAR EDITOR: Situated in a well known part of the down-town district of Kansas City, Missouri, is a brown stone building known as Junior College. Because of the benefit we have received from it, we want to tell something of our work there. About three years ago, the hospitals of Kansas City worked out a plan to have a centralized school in which to train their probationers. Their course was to cover a period of twenty weeks and was in the nature of an experiment, but it has been such a success that it is now an established part of the college. Under the supervision of such able instructors as Miss Farnsworth, Miss Burke, Professors Phillipot and Longfellow, we have been well instructed in the ministry of the sick. We have learned much about the functions of organs in the body, the mystery of bacteria, and practical nursing methods and procedure. This school is in the lime light since it is one of the very few of its kind. During the past year there were 161 students enrolled, representing nine hospitals. The class in the second semester is never as large as the first. In this school students from various hospitals have opportunity to meet and to cooperate for the advancement of the nursing profession. Nursing procedures become standardized. Now and then we are privileged to hear such women as Miss Friend or Mrs. Key, who received her training in England, spending a year at the Nightingale school at St. Thomas Hospital. Each gave us an inspirational message, especially Mrs. Key when she gave us Miss Nightingale's message, "to always remember that we are taking care of God's sick." At the close of the school year a play, entitled, *Nurses in the Making*, was presented by the nurses to the assembly of the student body. This play consisted of four acts and took the audience through a period of training from the probationary period through graduation to

the different branches of the nursing profession. In the last act a group of children from Mercy Hospital took part, demonstrating a feature of the work of that hospital in the form of rhythmic bodily exercises and dances called "corrective play" for the correction of bodily deformities, making it like recreation for the children. The play was voted a success in more ways than one, since it brought before the student body a profession which any young woman might well be proud of entering. At the close of the school year, the class with Miss Farnsworth, the superintendents of various hospitals, and former students, held a picnic at beautiful Swope Park. It was decided to make this picnic an annual affair.

Missouri

C. B., M. W., and E. F.

#### A MIRACLE

**D**EAR EDITOR: One evening, at nine, I received a call to report at a certain hospital as soon as possible. Realizing that the call was urgent, I lost no time in getting necessary articles together, and when I reported for duty, I found a very dark outlook. My patient was a young married woman, suffering from ectopic pregnancy. The tube had ruptured at 6:30 that evening, and she was taken to the hospital at 8, semi-conscious and in a weakened condition. Her limbs were bandaged tightly to force the blood to the upper part of the body; her head was elevated; and hypodermoclysis of saline solution was given for four hours. The patient was in a heavy shock and was very cyanotic, but gradually the feeble pulse grew stronger. The religious customs of the family having been observed, the patient was operated upon, shortly after midnight, for the most part under local anesthesia. A blood transfusion was given,—400 c. c. before operation, and 300 c. c. during operation. The abdominal cavity was found filled with blood and numerous clots; it seemed as though the patient would have bled to death. Hypodermoclysis was started immediately on return to her room, and the life which all had worked so hard to save, was spared. On the third day, temperature and pulse were normal. Every possible modern method was employed, but we realized how small would have been our service, had we not been guided by a Higher Power.

Missouri

R. C.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

THE AMERICAN NURSES' ASSOCIATION announces that the Programme Committee for the 1924 convention will be composed of the following members: Blanche Pfefferkorn, Cincinnati, Ohio, chairman; Marion A. Vannier, Minneapolis; Jannett Flanagan, St. Louis; Mary E. Myers, Indianapolis; Margaret Montgomery, Philadelphia. The Arrangements Committee has the following members: Emily McLaughlin, chairman, Harper Hospital; Laura Meader, Grace Hospital; Elba Morse, State Director of Red Cross County Nurses; Grace Ross, Superintendent Public Health Nurses; Katherine Sheehy, private duty nurse.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION.—The third biennial convention of the New England Division of the American Nurses' Association will be held in Burlington, Vermont, on May 15, 16, and 17, 1923. Information about hotel rates and program will be given in due time.

## NURSES' RELIEF FUND

REPORT FOR NOVEMBER, 1922

### Receipts

Previously acknowledged .....	\$4,250.01
Interest on Liberty Loan bonds .....	65.30
Interest on bonds .....	65.00
Interest on Liberty Loan bonds, (Gift) .....	8.50
California: District No. 1, \$3; District No. 5, \$40; District No. 8, \$15; District No. 9, \$25; District No. 12, \$14 .....	117.00
Florida: District No. 4 .....	46.00
Illinois: District No. 13, \$45; one individual, Chicago, \$10 .....	55.00
Indiana: St. Vincent's Hosp. Alum., Indianapolis, \$95; Union Hospital, Terre Haute, \$25; Good Samaritan Hospital, Vincennes, \$12; four individuals, \$6; District No. 1, general contribution, \$41; Home, Hosp. LaFayette, \$51; Eastman Hosp., (Indianapolis), Alum., \$15; Methodist Hosp., (Indianapolis), Alum., \$40; Robert Long (Union	

School of Medicine), \$10; two individuals, \$2; Elkhart County Hospital Alumnae, \$16; Grant Co. Hospital Alumnae, Marion, \$18; Huntington Co. Hospital Alumnae, \$12 .....	343.00
Iowa: W. C. Graham Protestant Hosp. Alum., Keokuk .....	20.00
Maine: One individual, Bangor .....	5.00
Massachusetts: One individual, Boston, in honor of the work of Mrs. C. V. Twiss, \$10; one individual, \$10; one individual, in honor of Linda Richards, \$5 .....	20.00
Michigan: District No. 3 .....	2.00
Missouri: Six individuals, St. Louis, \$7; five individuals, Kansas City, \$5; three individuals, Columbia, \$3; one individual, Moberly, \$1; University Nurses' Alumnae, Kansas City, two individuals, \$2; Children's Mercy Hospital Alumnae, six individuals, \$6; Kansas City General Hospital Nurses' Alumnae, \$58 .....	82.00
Montana: The Silver Bow County Nurses' Association .....	31.00
Nebraska: One individual, Holmesville .....	5.00
New Jersey: District No. 1 .....	2.00
New York: Collected cash contributions at New York State Nurses' Convention, \$250; District No. 13, Roosevelt Alumnae, \$5; eight individuals, \$57.25; District 14, Nassau Hospital Alumnae, \$25; District 2, St. Mary's Alumnae, \$10 .....	347.25
Pennsylvania: Graduate Nurses' Association of the State of Pennsylvania, \$500; one individual, Philadelphia, \$1; St. Joseph's Hospital Alum. Assn., Pittsburgh, \$23 .....	524.00
Utah: State Nurses' Association, \$25; one individual, Sunnyside, \$1 .....	26.00
Wisconsin: State Nurses' Association, \$50; Kenosha Hosp. Alum. Assn., Kenosha, \$10 .....	60.00
Total receipts, December 1, 1922 .....	\$8,094.66



*Disbursements*

Paid to 32 applicants for November..	\$ 485.00
Exchange on checks .....	40
Postage .....	10.00
	<hr/>
	\$ 495.40
December 1, 1922, Balance .....	\$7,579.36
Invested Funds .....	\$59,167.04
Invested Funds—Bequest of Miss Belle Mackey, Third Liberty Loan, 4½% Gold Bond—1922, \$100.00.	59,267.04
	<hr/>
	\$66,846.30

Contributions for the Relief Fund should be sent to V. Lota Lorimer, Treasurer, 1238 West Lake Avenue, Lakewood, Ohio. For information address E. E. Golding, Chairman, 317 West 49th Street, New York City.

V. LOTA LORIMER, Treasurer.

## ARMY NURSE CORPS

In November, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Fort Banks, Mass., 2nd Lieut. Rose E. Offutt; to Station Hospital, Fort Bragg, N. C., 2nd Lieut. Jennie E. Barrett; to Station Hospital, Douglas, Arizona, 2nd Lieuts. Caroline Bennett, Caroline Hutcheck, Clara Meerk; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Ida E. German, and 2nd Lieuts. Bonnie I. Miller, Minnie E. Novell, Etta M. Stamb; to Station Hospital, Camp Lewis, Washington, 2nd Lieuts. Sarah M. Tilton, Barbara Ziegler; to Station Hospital, Nogales, Arizona, 1st Lieut. Ethel Nell, Chief Nurse, and 2nd Lieuts. Anna L. Slater, Della M. Sparta, Anna D. Wight; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Ella Hary, Elizabeth Hambrough, Mary Kalermer, Anna F. O'Donnell.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, Army Nurse Corps:—Ottillie J. Alford, Cleo Belford, Gladys A. Buckley, Olive J. Burke, Agnes Combs, Kathleen V. Corcoran, Grace B. Cotton, Georgina E. Field, Elizabeth Fisher, Cornelia Galbraith, Mayna Gatchell, Mary E. Greenwell, Lilla Harrison, Gladys E. Hecher, Patricia E. Horan, Kathryn R. Jones, Adèle Klala, Lucy Lowandowska, Nellie R. McCabe, Florence R.

Morrow, Ida Pearl Owen, Lucy Rawson, Helen R. Reed, Janica Rockwood, Marie K. Strobel, Mattie M. Trust.

By the resignation of Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps, the Army Nurse Corps has lost one of its staunchest allies and co-workers. Few people outside the administrative offices of these corps can realize to the fullest extent the splendid service that Mrs. Higbee has rendered to the Government and to the nursing profession. Shunning publicity and avoiding most occasions that brought her personally before the public, or even before many groups of nurses, she has exerted a quiet, steady influence upon all who came in contact with her, which has revealed her devotion to the finest things of the spirit, and the highest principles of the profession. Her collaboration in all the professional matters pertaining to the Government service, and her gentle, humorous comments on difficult problems have thrown new lights upon them in such a way as often to reveal their solution. Her going will be a great loss to the Superintendent of the Army Nurse Corps, who is being deprived of the constant helpfulness not only of a wise co-worker, but a good friend.

The best wishes and congratulations of the Army Nurse Corps are extended to J. Beatrice Bowman, the new Superintendent of the Navy Nurse Corps, and the promise of every possible helpfulness.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.

## NAVY NURSE CORPS

The Secretary of the Navy has accepted the resignation of Mrs. Lenah S. Higbee, as Superintendent of the Navy Nurse Corps. Mrs. Higbee has served continuously in the capacity of Nurse, Chief Nurse and Superintendent since the Nurse Corps was established in 1908. Those with whom she has come in contact during these years of duty have recognized her unswerving devotion to the best interest of the Service and have appreciated her constant attitude of meeting the Service requirements in the duties of her office, before considering professional or personal demands for recognition. Mrs. Higbee has desired for some time past to take up other

work and for this reason her request has been approved.

Upon the recommendation of Surgeon General Stitt, the Secretary of the Navy has appointed J. Beatrice Bowman to be Superintendent of the Navy Nurse Corps from December 1, 1922. The selection of Miss Bowman for this important position is a happy choice which will be received with enthusiasm by the Navy Department and also by civilian professional circles. Miss Bowman was born in Iowa and was educated in that state. She received her professional education from the Training School of the Medico-Chirurgical Hospital of Philadelphia from which she was graduated in 1904. She is also a Registered Nurse of the State of Pennsylvania and practiced in private duty for five years and in the Spring of 1908 she rendered excellent service with the Red Cross following the disaster in Mississippi. In the early Fall of 1908 she was one of the first Class (which numbered only twenty) able to successfully pass the rigid examination for appointment in the Navy Nurse Corps. Her promotion to the grade of Chief Nurse was effective Feb. 23, 1911.

Miss Bowman was temporarily released from the Navy Nurse Corps to be the Supervisor of one of the "Nurse Units" sent to England on the "Red Cross Ship" in September, 1914. She successfully completed this service and in the Spring of 1915 she returned to her position of Chief Nurse in the U. S. Navy and has served continuously at various Stations and Hospitals with uniform efficiency. It is doubtful if any condition overseas called for greater executive and nursing ability than that required of the Chief Nurse of the large Naval Hospitals in the United States during the war period and following the Armistice. Perhaps Miss Bowman's most conspicuous service in the Navy was that which she gave as Chief Nurse of the Naval Hospital Great Lakes during the years 1918-1920. She met the unusual and difficult situation with a dependable ability and unabating enthusiasm which inspired her co-workers and which was of inestimable value to the officers. Miss Bowman's recent assignment was of Chief Nurse of the U. S. S. *Relief* (Hospital Ship) from which duty she was ordered to the Bureau of Medicine and Surgery

for a preparatory course in her work as Superintendent.

WILLIAM M. KERR,

*Lieutenant Commander M. C. U. S. Navy,*

*Editor U. S. Naval Medical Bulletin.*

#### NAVY NURSE CORPS NOTES

The resignation of Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps, has been accepted and her Honorable Discharge was made effective November 30, 1922. Mrs. Higbee served nearly twelve years as Superintendent of the Navy Nurse Corps, giving without a thought to self, of her abundant riches in love, loyalty and strength,—a beautiful character, full of life, love, and humor; having unusual understanding, tact, and sympathy; urging high ideals for the individual as well as for the profession; and making one feel, after an interview or letter, that contact with such beauty of spirit must ever call forth the best within us. To her greatness of purpose, her high ideals, and her love for the service of our Country, does the Corps owe its high status and splendid co-operative spirit.

To Mrs. Higbee goes out from her Corps the best wishes for happiness and success in whatever work she chooses; and though official ties are severed, the spirit she prompted and the loyalty to her ideals will give strength and united effort of purpose.

J. Beatrice Bowman, Chief Nurse, U. S. N., was promoted and appointed Superintendent, Navy Nurse Corps, effective December 1, 1922.

*Transfers:* To Annapolis, Md., Sophia E. Dentaria, (temporary duty); Chelsea, Mass., Lucia D. Jordan, Chief Nurse; Katherine M. Leary (via U. S. S. *Argonne*), Lela Shanahan, May Shanahan; League Island, Pa., Mary G. Heber, Nell L. Dewart (Chief Nurse), Elizabeth Shaver, Thelma Weigand; Mare Island, Cal., Ella V. Parrott; New York, N. Y., Georgie E. Ferguson (via U. S. S. *Argonne*), Mary B. Galsney, Margaret A. Morris; Newport, R. I., Josephine Corbett, Nora B. Frederick, Margaret J. Hickey, Arlene Johnson; Norfolk, Va., Ida E. Brooks, Lillian R. Cornelius, Lydia J. Hennessy; Puget Sound, Wash., Julia T. Johnson; U. S. S. *Relief*, Minnie D. Stith, Chief Nurse; U. S. S. *Handerson*, Florence M. Vavia, Chief Nurse (temporary duty); Washington, D. C., Elmer Gallaher, Emily M. Smaling, Chief Nurse.

*Honorable Discharges:* Marguerite A. Snyder, Mary Torney.

*Resignations:* Marie J. Dillon, Mare Island, Cal.; Mary E. Gonyea, New York, N. Y.; Harvia E. Jarrett, League Island, Pa.; Mildred R. Myers, New York, N. Y.; Ethel M. Radden, Washington, D. C.; Charlotte Elizabeth Todding, Great Lakes, Illinois.

*Discharged from Inactive Status:* Sallie Guild, Ida Harphay, Ruth H. Wuchter.

J. BEATRICE BOWMAN,

*Superintendent, Navy Nurse Corps.*

#### U. S. PUBLIC HEALTH SERVICE NURSE CORPS

*Assignments:* Julia Crockett, Kathleen Simister, to No. 43, Ellis Island, N. Y.

*Transfers:* Helen Mahoney, to No. 9, Ft. Stanton, N. M.; Julia Doyle, to No. 2, Boston, Mass.; Adelaide Coyne, Rosalie Manwiler, to No. 43, Ellis Island, N. Y.; Mabel E. Adams, Mary Kiernan, to No. 21, Stapleton, N. Y.; Kate Lovett, to No. 82, Norfolk, Va.;

*Reinstatements:* May Austin, No. 5, Chicago, Ill.; Della Raibourne, No. 8, Evansville, Ind.; Helma Freeberg, No. 17, Ft. Townsend, Wash.; Mary Small, No. 18, St. Louis, Mo.; Daisy Herbert, Elizabeth McLaughlin, Martha Metzendorf, No. 43, Ellis Island, N. Y.; Adelaide Saltzman, Ethel Manuel, No. 70, Hudson St., N. Y. C.

LUCY MINNERKOPF,

*Superintendent of Nurses, U. S. P. H. S.*

#### UNITED STATES VETERANS BUREAU

The U. S. Veterans' Bureau is preparing to establish a postgraduate course in Psychiatric Nursing to be given at St. Elizabeth's Hospital, Washington, D. C., commencing January 4, 1923. This course is being established that the Bureau may secure the required number of nurses especially trained in nervous and mental diseases, that it may be able to provide expert nursing care for the disabled veterans so that everything may be done to restore them to health. It is an unusual opportunity for nurses, as St. Elizabeth's Hospital, a Government institution for the insane, offers unusual facilities for such work. In this hospital are all classes of nervous and psychotic diseases. Beside the members of the staff at St. Elizabeth's Hos-

pital, there will be lecturers from U. S. Army, U. S. Navy, U. S. Public Health Service and other departments of the Government.

That the Nurse Corps may render the best possible nursing care to the disabled ex-service men suffering from tuberculosis, a postgraduate course in Tuberculosis Nursing will be conducted at U. S. Veterans' Hospital No. 41, New Haven, Conn., at an early date. This course in Tuberculosis Nursing is to cover a period of three months. A full time instructor who is familiar with all the different phases of tuberculosis work is to take charge of this school. The nurses taking the postgraduate course must be graduates of accredited schools of nursing. A limited number of nurses not in the U. S. Veterans' Bureau Nursing Service will be admitted to the course.

*Reinstatements:* Lela Clark, Rosalie M. D. Gay, Eva L. Pense, Margaret A. Hickey, Adah B. Tipton, Hannah Atkinson, Sallie P. Neff, Grace E. Crane, Letha A. Hicks.

*Transfers:* Ellean Barrett, Alice T. Armstrong, Nellie Cook, to Ft. Bayard, N. M.; Charlotte Macalister, Acting Chief Nurse, to No. 75, Colfax, Iowa; Helma Krause, Acting Chief Nurse, to No. 30 (Annex), Chicago; Mary Conkling, to Washington, No. 32, D. C.; Lillian Greer, Lorraine Setzer, Gladys T. Bachman, Barbara Skidmore, Florence C. Farrell, to No. 35, St. Louis; Beatrice A. M. Kenny, Annie Ferguson, Eva F. Gray, to No. 89, Rutland, Mass.; Mary F. Watson, to No. 79, Dawson Springs, Ky.; Mabel Cadogan, Ruth Knudsen, to No. 80, Whipple Barracks; George DeWitt, Ben B. Brown, Charlotte Rosmach, Mathilda J. Forst, to No. 51, Tucson, Ariz.; Mary Grant, Margaret Grant, to No. 80, Ft. Lyon, Colo.; Freda C. Becker, to No. 72, Helena, Montana; Ruby Brackley, to No. 68, Minneapolis, Minn.; Annie T. Pugh, Mary F. McEwan, Martha M. Riggs, Mary E. Caffrey, to No. 76, Maywood, Ill.; Vivian M. Chappell, to No. 79, Dawson Springs, Ky.; Ella M. Bokhof, to District No. 8, Chicago; Elizabeth Hahn, to No. 80, Ft. Lyon, Colo.; Emily T. Rouse, Margaret O'Hara, to No. 79, Dawson Springs, Ky.; Mrs. Lester P. Moody, to No. 84, New Orleans, La.; Gertrude Vail, to District No. 1, Boston, Mass.; Parthena E. K. Strellitz, to District No. 14, Dallas, Texas; Blanche Mayson, to District No. 7,

Cincinnati, Ohio; Addie Barton, to District No. 4, Washington, D. C.

MARY A. HICKEY,  
*Superintendent of Nurses, U. S. Veterans' Bureau.*

THE AMERICAN COMMITTEE FOR DEVASTATED FRANCE held its last annual meeting in New York, December 13th. Dr. C. E. A. Winslow presided at the Conference on Public Health Nursing and Training Schools in France. Mrs. Mary Brockinridge discussed with feeling and wealth of illustration the "Beginnings of the Nursing Service of the Committee." Evelyn T. Walker described in some detail the sound organization of the public health nursing service, told stories of the pitiful little patients helped back to normal life and described vividly the changing and appreciative attitude of physicians toward public health nursing. Dr. Winslow, chairman of the Subcommittee on Nursing, outlined plans for a great school for nurses to be established in Paris. It is hoped to make this a model school for nurses and the recommendations follow closely those of the so-called Rockefeller report on Nursing Education. It is interesting to know that Dr. Anna Hamilton, director of that School at Bordeaux which is the pioneer Nightingale School in France, is a member of the committee. Mlle de Johanne, now a student at Teachers College, will be the Director of the new school. Ella Phillips Crandall paid sincere tribute to the nursing accomplished by the Committee in France and Annie W. Goodrich spoke of the fundamental character of the work with children and of the international influence possible for this great school which is to be established in the very heart of France. Plans are now under way for securing an endowment for the project.

China: *The Quarterly Journal for Chinese Nurses* is just completing its third year. It is printed in both English and Chinese and is a most interesting periodical. Mrs. T. A. Hearn, who has been its editor during these first years, has retired and is succeeded by Margaret Dieter of Luchowfu, a graduate of the Massachusetts General Hospital.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its fourth annual convention at the Hotel Adams, in Phoenix, November

16-18, with an attendance of more than 150, from all parts of the state. Members of District 1 acted as hostesses. One afternoon was devoted to the Public Health Section, and one to the Private Duty Nurses. During this session a most interesting paper was read by Helen Egan, on The Practical Nurse. This was followed by an animated discussion of a problem generally recognized as a difficult one. Other very well written papers were Nursing in a United States Veterans' Hospital, by Alma Wrigley; State Registration, Its Use and Abuse, by Sister M. Evangelista, and a number of others. The address of the President, H. Grace Franklin, entitled "Love, the Keynote of Our Profession," was repeated a second time, by special request, as several of the members did not have the opportunity to hear it when first given. Application for a lot in the mountains near Globe has been made by Miss Franklin in the name of the Arizona State Nurses' Association, and it is planned to build a summer home where all members can spend their vacation in the cool of the mountains. This plan was received with great enthusiasm. A formal banquet was held, and a dinner and theatre party were tendered the guests. The entire convention was voted a success. The closing afternoon was devoted to the election of officers for the coming year, and the choosing of the meeting place for the 1923 meeting. It was decided to hold the convention in Prescott, and to change the date from fall to spring. The newly elected officers are as follows: President, Rose Benenate, Phoenix; vice-presidents, Mary Kelleher, Phoenix, Mrs. Joseph La Fleur, Miami; secretary, Mrs. Regina Hardy, 826 East 2nd Street, Tucson; treasurer, Sister M. Genevieve, Mercy Hospital, Prescott; directors, Sister M. Aloysius and Marilla Williams, Phoenix. THE STATE BOARD OF NURSE EXAMINERS will meet January 2, 1923, to hold its annual election of officers, and to pass on all applications under reciprocity.

California: Lillian L. White has resigned as Director of Nursing, Pacific Division of the American Red Cross, and is at her home in Oakland. San Francisco.—STANFORD UNIVERSITY HOSPITAL SCHOOL OF NURSING held a Demonstration Afternoon on November 28,



when the preliminary course was drawing to a close. Staffs and students of the other hospitals were invited, and nursing procedures were demonstrated by Preparatory and Junior students, showing all routine from the admission of a medical patient and a surgical patient to their dismissal. At the close of the exercises, the 41 preparatory students were given their caps, and certificates showing that they had completed satisfactorily the preliminary course.

**Colorado:** THE COLORADO STATE GRADUATE NURSES' ASSOCIATION will hold the annual meeting in Denver, commencing on the second Thursday in February. Officers for the ensuing year are to be elected. Further programme is under the direction of a special Programme Committee and is not yet completed.

**Connecticut:** Bridgeport.—Leona Ivers of St. Louis succeeds Miss Kimmick as superintendent of nurses at the Bridgeport Hospital. THE BRIDGEPORT HOSPITAL ALUMNAE ASSOCIATION gave a card party on December 9, at the Stratfield Hotel, proceeds to go to the Free Room Fund.

**District of Columbia:** THE LEAGUE OF NURSING EDUCATION held its November meeting at Emergency Hospital, Minnie Goodnow of Children's Hospital, who is President of the League, presiding. The feature of chief interest was the organizing of an Instructors' Section for the study of and exchange of views on nursing procedures as given in the various hospitals. After the business meeting a very interesting address on Social Hygiene was given by Col. C. P. Hutton, followed by a discussion of his subject by Miss Goodnow, Miss Vaughn of St. Elizabeth's and Miss Bolling of The Instructive Visiting Nursing Association.

**Florida:** THE FLORIDA STATE NURSES' ASSOCIATION held its annual meeting in Orlando, November 20 and 21, with a good attendance. The first day's programme included addresses by several of the doctors and nurses of the state on matters of interest to the nursing profession. Jane Van De Vrede, Director of the Southern Division of the American Red Cross Nursing Service, also gave an address. Several round tables were held on Public Health, Private Duty, Child Welfare. On the second

day, the business of the association was conducted and the election took place, resulting in the choice of the following officers: President, Thelma Fremd, Orlando; vice-presidents, Sarah W. Spear, Madoe Waters, both of Jacksonville; secretary, Elizabeth Stell, Jacksonville; treasurer, Frances Williams, Jacksonville. Many pleasant social affairs were enjoyed by the nurses, and the citizens of Orlando proved to be most hospitable. Following the annual meeting the Superintendents and Hospital Directors met. Orlando.—THE CENTRAL FLORIDA REGISTERED NURSES' CLUB held its regular meeting on November 29 with Mrs. Bradford as hostess. Three amendments were made to the constitution and by-laws to make them conform more closely to those of the State Association.

**Illinois:** Chicago.—ST. ANNE'S ALUMNAE ASSOCIATION and the student nurses gave an informal dance on December 30. Moline.—THE ALUMNAE ASSOCIATION of Moline Public Hospital had a pencil sale which was a great success. Proceeds are to go toward refurnishing the Alumnae room in the hospital. A float was prettily decorated to represent the Alumnae in the parade on November 2, celebrating the fiftieth anniversary of the City. Nurses, dressed in the uniform of 50 years ago, and the modern nurse of today, were on the float.

**Iowa:** Des Moines.—THE SEVENTH DISTRICT ASSOCIATION held its last monthly meeting at a luncheon at Harris Emery's tea room, with an address by Judge Utterback on Juvenile Problems. Helen Scott Hay, recently returned from service abroad, spoke in a most interesting way, on November 12, to a large group of nurses at the Methodist Hospital Nurses' Home. Anna J. Saar has joined the Public Health Nursing staff. The Public Health nurses had a Hard Time party on December 2. A delightfully amusing programme was followed by luncheon. Iowa City.—THE IOWA LEAGUE OF NURSING EDUCATION held a two days institute at the University Hospital, December 8 and 9. Josephine Creelman was chairman of Committee on Arrangements and presented a most instructive programme. About forty were in attendance. The teaching of nursing procedures was in charge of Lela Lindsey and the teaching of theory was



given by Bessie Crawford, instructor at the University School of Nursing. Practical demonstrations were given by Misses Funk, McLaughlin, and Senner, supervisors of departments. Groups were taken on tours through the various departments. Lantern slides depicting the History of Nursing were shown with explanations given by Miss Crawford. Sophia Potgotter presented Hospital Social Service. Dr. Lomas, Superintendent of the hospital, conducted a question box and round table on Hospital Administration. Luncheon and tea were greatly enjoyed at the Nurses' Home. **Waterloo.**—DISTRICT No. 4 held its annual meeting and elected the following officers: President, Nanna Colby; vice-president, Miss Winman; secretary, Blanche Edwards; treasurer, Minnie MacBee. The members are most enthusiastic over plans for the State meeting next year.

**Massachusetts.** THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its mid-winter meeting on February 17, in the lecture room of the Boston Public Library. Boston. —THE ALUMNAE ASSOCIATION OF THE SCHOOL OF PUBLIC HEALTH NURSING held its annual meeting at 561 Massachusetts Avenue, November 14. The business meeting was brief. The following officers were elected: President, Miriam Ames; vice-president, Agnes Murphy; secretary, Marion Rice; treasurer, Margaret Tynan; directors, Anna J. Foley, Ruth Williams, and Jean Howe. Special interest was added to the meeting by the presence of Mary Board, who gave some impressions of Public Health Nursing abroad. The Alumnae Association is most eager to get in touch with all graduates of the course. Many letters which have been sent to alumnae have been returned. It is, therefore, making a special appeal through the magazine. Those eligible for active membership in the Association are: (a) Nurses who have successfully completed any programme in public health nursing offered by the School of Public Health Nursing; (b) Nurses who have successfully completed any programme in public health nursing of not less than four months' duration offered previous to September, 1913, by the Educational Department of the Instructive District Nursing Association or by said department in affiliation with Simmons College

and the School of Social Work or by said department and Simmons College; (c) Nurses who have served as regular members of the teaching staff of the School, or of the courses offered by any of the three organizations mentioned above, previous to 1913. The decision as to who is a regular member of the teaching staff, as opposed to temporary or occasional, shall be left to the Director of the School. Eligible applicants shall become members of this Association as soon as they have filled out the application blank and paid their dues to the treasurer. The Alumnae Association needs the interest and support of every one. Application blanks for active membership may be obtained from the Secretary, Marion Rice, 561 Massachusetts Avenue. The scholarship fund amounts to almost \$1000. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS WOMEN'S HOSPITAL held its annual meeting on December 6, at the Peabody House. The following officers were elected: President, Mrs. Rodney Pratt; vice-presidents, Mary C. McNeill, Mary F. Connolly; secretary, Louise Russell; treasurer, Alice B. Goodrich; auditors, Mrs. Frank Granger, Emily Carhon; board of directors, Mrs. Pratt, Mrs. Horn, Margaret Pickah, Emily Carhon. After the business of the meeting was finished, tea was served, and Lillian M. Spelman, the hostess, gave a most interesting talk on her four years with the Red Cross in the Near East. Florence L. Howe, class of 1910, Massachusetts Homeopathic Hospital, is a head nurse at the Philadelphia General Hospital. Cora M. Johnson, class of 1913, is in charge of a Red Cross health center at Southington, Conn. Fall River.—THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL has elected the following officers for the year 1923: President, Mrs. F. B. Albert; vice-president, Mrs. C. Edward Shay; recording secretary and assistant, Katherine Deherty, Mrs. Clifton French; corresponding secretary and assistant, Mrs. James E. Hampton, Mrs. Frank Conway; treasurer, Mrs. Anna E. Duffy; auditor, Helen Kiley; directors, B. J. Hampton, Esther Deherty, Mrs. John Braz.

**Minnesota.** THE MINNESOTA-NORTH DAKOTA CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION held its first annual meeting at Rochester, December 5 and 6. Topics of

special interest to nurses were: the address of the President, Sister Madeline, Minneapolis; The Special Nurse and the Hospital, Sister Margaret, Duluth; History Taking and Record Keeping, Sister John Baptist, St. Paul; The Practice of Economy in Hospitals, Sister Mary Joseph, Rochester; Problems We Meet in Small Hospitals, Sister Genesee, Mankato; The Proposed Legislative Bill for Nurses, Sister Domitilla, Rochester. Sister Olivia, Duluth, was elected president, and Sister M. Leona, secretary-treasurer. THE STATE LEAGUE OF NURSING EDUCATORS met in Minneapolis, December 9, the guest of the nurses at North-western Hospital. The main feature of the program was a discussion of the recent State Board Examination. Irene English, of the Central School of Nursing, read a paper on the Art of Questioning. Katherine Dougherty, also of the Central School, and Florence Nelson, instructor at the Swedish Hospital, analyzed and criticized the questions given by the Minnesota Board at the last examinations. Dora M. Cornelison, secretary of the Examining Board, enumerated some of the weaknesses of the applicants as exemplified in the paper, illustrating her points with erroneous answers. The discussion was of mutual benefit. Duluth refreshments were served. The February meeting will be held at the Swedish Hospital, Minneapolis. Second District, Duluth.—An interesting ceremony was performed recently at a meeting of the Board of Directors, held at the Registry. After the regular business, a wedding ceremony was performed. Mrs. Bradford, the registrar, representing the bride, and L. Louise Christensen, president of the District Association, acting as groom. Louise E. Schaeffer, former president, acted the part of Justice of the Peace. This marked the end of the first year of the registry. The regular monthly meeting of the Second District was held December 1st. Legislation was the all absorbing topic. Refreshments were served. Affiliation of student nurses from St. Luke's Hospital, with Nopeming Sanatorium for two months' tuberculous training has been tested through the affiliation of two students. The result was most satisfactory and arrangements have been made for an established affiliation. Bertha Brubaker, a graduate of Minnesota University

Hospital, has accepted the position of chief school nurse of Duluth. Not only Duluth, but the Second District welcomes Miss Brubaker, for she is one of the Minnesota live wires. Fannie Laskinen, one of St. Louis County's popular nurses, has been granted a leave of absence for a two months' intensive public health course at the University of Minnesota. Third District, Minneapolis.—The Third District held the December meeting at the Minneapolis General Hospital, guests of the Alumnae Association. Refreshments were served by the senior students. Etta Paul is now Acting Registrar, with Louise Kellerg Acting Assistant. Mildred Smith, class 1912, University Hospital, is doing County Public Health work in Stevens County with headquarters at Morris. THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL gave a bazaar, November 9 and 10, to raise money for the scholarship fund which had been established by the 1930 class. The Alumnae began preparations early in the spring, when Hannah F. Swenson, president, appointed one member from each class, to notify her class-mates to prepare their donations. Later in the summer this large Committee, which consisted of about twenty nurses, met at regular intervals to report progress and discuss the problems which arose. Helen C. Anderson, superintendent of nurses, also met with the committee, and her cooperation was a large factor toward the final success. The gymnasium, swimming pool and class rooms of the new nurses' dormitory were turned over to the Alumnae a few days previous to the bazaar. The gymnasium was fitted up with very attractive booths,—Bakery, Japanese, Drug, Infants', Apron, Candy, Doll, and one large general booth. The bakery was made by a former patient and was sold on commission, netting \$30. The Japanese articles were also sold on commission, netting \$15. The candy was made by a committee of nurses especially skilled in this art. This committee began work a few days previous and had about 65 pounds of candy on hand, which was all sold during the first day. This committee met again the next morning and made as much more candy as they could, but again the demand was much greater than the supply. Most of the material for the candy was donated. The booth

showed a profit of \$85. The dolls were bought at a down-town wholesale house and volunteers were obtained to dress them. This booth netted \$25. The articles for the other booths were all contributed by Alumnae members, student nurses, wives of the hospital board members, wives of the staff doctors and other friends of the hospital. There were a group of special attractions such as a fish pond, fortune telling, and side shows, to all of which admission fees were charged. The swimming pool was decorated to represent a Venetian garden and nurses in a canoe sang to the music of a ukulele. Supper was served in the club rooms in cafeteria style. Unsold articles were auctioned. The gross receipts were \$1500. **Fourth District, St. Paul.**—THE CENTRAL REGISTRY has been moved to 326 Cedar Street, telephone, Cedar, 7220. The office has been attractively furnished, and all nurses are cordially invited to visit at any time. The concert given last month netted the Association \$540. Ruth Lyons, St. Luke's, has accepted the position of Superintendent of the Montevideo Hospital, at Montevideo, and Faye Tuttle, of the same school, a similar position at the Northwestern Hospital, Princeton. THE INSTITUTIONAL SECTION had a most helpful meeting at the City and County Hospital. Demonstrations by student nurses from the Central School of Nursing—Miller Hospital, and from Mounds Park Hospital, preceded the discussions, which were general. The next meeting, to be held at St. Joseph's Hospital, will be devoted to Medical Nursing. Mounds Park Alumnae Association has had an unusually successful year, and is including in its activities for the coming year the contribution of a page in the paper to be issued by the hospital and school. A prize of \$5 is offered for the best suggestion for a name for the new paper, titles to be sent Maud E. Gust, Mounds Park Hospital. **Sixth District, Rochester.**—DISTRICT No. 6 is showing a new interest in organization work and now boasts a membership of 210, with a large attendance at all meetings. A reaction, perhaps, from the State Convention. The schools of Nursing in connection with the local hospitals, St. Mary's, and the Kahler, enrolled 122 students in September. The nurses of Rochester feel especially

favorable in having had with them Gertrude Hodgman, Educational Secretary, of the N. O. P. H. N., who speaks at the Mayo Clinic on THE IMPORTANCE OF PREVENTIVE HEALTH WORK, and the relation of this to nursing.

**Montana:** Miss F. L. Kerlee of Helena has been appointed secretary of the Montana State Association of Graduate Nurses, succeeding Miss Muckley, who has left the state.

**New Hampshire:** THE NEW HAMPSHIRE STATE NURSES' ASSOCIATION held its quarterly meeting at the Memorial Hospital, Nashua, December 13, with the following programme: *Morning*, The League of Nursing Education Section and, at the same time, the Public Health Section. *Afternoon*.—General meeting. A large audience listened to a most interesting report of the Seattle convention given by Mary Nelson of the New England Division of the American Red Cross. After the meeting, luncheon was served by the Superintendent of the Hospital, Martha Wallace, and her nurses. **Laconia.**—LACONIA HOSPITAL held graduating exercises for a class of four on November 3, in the Knights of Columbus Auditorium. Hon. Stanton Owen gave the address. The diplomas and pins were presented by William F. Knight. An informal reception and dance followed. **Woodsville.**—THE WOODSVILLE "C" HOSPITAL organized an alumnae association on the evening of November 6. Many graduates of the school were present; absent ones sent enthusiastic messages. Plans for development were discussed and officers elected: President, Jean Smith; vice president, Mrs. Omar Ware; secretary, L. M. B. Underhill; treasurer, Grace Shaw. *Chairman of committee are:* Entertainment, Mrs. Helen Sweeney; Sick, Mrs. Margaret Mann; Membership, Mrs. Morris Walker. Ednah Cameron, secretary of the State Association, was made an Honorary Member.

**New Jersey: Newark.**—THE ALUMNAE ASSOCIATION OF THE NEWARK CITY HOSPITAL held a masquerade dance and card party on the evening of December 6 at the Reservoir Athletic Club. The Association is trying to raise a scholarship fund which will provide for one member each year a course at Teacher's College. Each member of the association has been asked to raise \$5, to be ready

at the February meeting, when each will tell how she earned the money.

**New Mexico:** The New Mexico State Nurses' Association held its third semi-annual meeting November 29, co-incident with the Teachers' Educational Institute. The morning session was given largely to the discussion of the legislative bill, which was later accepted by the State Nurses' Association. Dr. G. H. Lockett, Director, State Bureau Public Health, gave a most interesting address on Public Health, and the needs of New Mexico. There are about twenty Public Health and School Nurses doing pioneer health work in our "baby" state. At noon the members were entertained by District No. 1 and St. Joseph's Alumnae, with a delightful luncheon at the Y. W. C. A. At the afternoon session U. S. Villant, Director of Junior Red Cross for Colorado and New Mexico, spoke on the Future Red Cross. At 3 P. M. Beale L. Dickson, a returned missionary nurse from China, gave an interesting address on her work in the Canton Union Missionary Hospital. Miss Dickson displayed many interesting pictures of the natives, her hospital, and nursing staff. The next meeting will be held in April with the State Public Health Association. The following officers were elected: President, Teresa McElhinneen, Albuquerque; vice presidents, Mrs. Blanche A. Montgomery, Albuquerque, Anelle Coltharp, Clovis; secretary, Bertha C. Rowe, Albuquerque; treasurer, Sister Frances de Chantal, Albuquerque. ALBUQUERQUE DISTRICT NO. 1 held a meeting on November 14 with an attendance of twenty-three. The organization of the District was completed, directors elected, and committees appointed. St. Joseph's ALUMNAE ASSOCIATION held a meeting at the Hospital on November 7. Its members are enthusiastic and voted to hold meetings each month for the study of Parliamentary Law and other nursing interests.

**New York: Buffalo.**—DISTRICT NO. 1 held a regular meeting November 15, at the Y. W. C. A. Laura F. Louvi gave a very interesting report of the meeting in New York. There was also a speaker from the Charity Organization Society. The ALUMNAE ASSOCIATION of the Buffalo Homeopathic Hospital was entertained by the Training School at a

Halloween Party, October 31. Rochester.—THE ROCHESTER NURSES OF DISTRICT NO. 2, entertained the out-of-town members on November 20 by a visit to the Eastman School of Music, dinner at The Sagamore, and a theater party at the Eastman Theater. A CAMPAIGN will be conducted in January for raising money for the three largest hospitals in the city,—the General, the Homeopathic and the Highland. The amount secured will be used for new equipment, improvements and extensions. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION has received a gift of \$300 for its scholarship fund from Edna W. Gorton in memory of her mother. Lucy Bayley, class of 1905, has been appointed registrar for the Nurses' Central Directory. Jessie Harrod, formerly of the University Hospital, Columbus, Ohio, has become superintendent of nurses at the Lee Hospital, Cincinnati. CAMBRIDGE.—Many friends of the hospital attended the dedication of the Maternity Annex of the Frederick Ferris Thompson Hospital, on November 21. Addresses were given by Addison P. Wilbur, representing Mrs. Thompson, the donor, and by Dr. Robert Cook, on behalf of the trustees. The gift is a memorial to Abigail Clark Williams, a sister of Mrs. Thompson's. Furnishings for various wards and rooms were given by many of the surrounding towns which are served by the hospital. One small ward was furnished by means of donations from babies born in the hospital. The Provisional fund for handicapped children, a pavilion donated by the Rotary Club, was formally opened in December. Margaret Bradley is supervisor of the Maternity Annex. DISTRICT 4, Auburn.—THE AUBURN CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular meeting November 24, when the President, Helen T. O'Hara, gave a most interesting report of the State Meeting. A social hour followed. BARNES LAKE.—DISTRICT NO. 3 held its regular meeting on December 5, with a large attendance of members and guests. Dr. C. C. Tremblay gave a very interesting lecture on Malignant Growth. NEW YORK. THE LEXINGTON ALUMNAE ASSOCIATION has elected the following officers: President, Lila Bather; vice president, Doris M. Meyer, Josephine Heide; secretary, Mae V. Stockheimer; treasurer, Mrs. Clyde Green; assistant



treasurer, Emma Lindholmer. Grace Anderson is Director of the East Harlem Nursing and Health Demonstration. This is to be an amalgamation of public health nursing services. Miss Anderson was formerly Superintendent of Municipal Nurses and Director of the Course in Public Health Nursing at the University of Missouri. Brooklyn.—THE ALUMNUS ASSOCIATION OF ST. MARY'S HOSPITAL has just suffered the loss of two of its oldest members, who were among the first graduates of the school, Miss MacDonald and Miss Gillan. Both were great favorites among their fellow-members, and to the end, took active interest in the affairs of their Alumnae, and their loss will be felt by all.

North Dakota: THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its next annual meeting in Minot, April 26 and 27. Adda Eldredge, president of the American Nurses' Association, will be the speaker. It is hoped to make this the biggest and best convention the state has had.

Oklahoma: Oklahoma City.—ST. ANTHONY'S HOSPITAL has recently opened a fine new nurses' home, costing \$90,000.

Oregon: Portland.—A NURSES' BAZAAR was held at the Hotel Portland, November 23, netting the sum of \$400 which will be used toward the establishment of State Central Headquarters. THE OREGON HEALTH EXPOSITION was held at the Auditorium, October 26 to November 4, the first ever held in Oregon. The Exposition covered all phases of the preservation and care of health, and the prevention of disease. There were booths containing all kinds of exhibits of foods, health features, preventive measures from every angle. Monday, Oct. 30, was known as "Nurses' Day." The afternoon's programme began at 2 p. m. Grace Phelps, President of the State Nurses' Association, presided. Just preceding this part of the programme, there was a splendid organ recital. A playlet was given by the student nurses of the Good Samaritan Hospital, "The Daily Life of a Student Nurse," Arvilla Aarnes, director. It showed everything in the life of a student nurse from her probation period, through her daily routine, to her graduation. It was well rendered, through her daily routine, to her graduation. It was well rendered, cleverly acted, and won great

praise from those who witnessed it. The musical chorus given by the student nurses of St. Vincent's Hospital was splendidly rendered and given hearty applause by an appreciative audience. The pageant, "The History of Nursing," Elvora Thomson, prophetess, and Marion G. Crowe, director, was shown with much adaptability, the impersonations being thoughtfully studied and carried out. The address of the day was given by Emily Loveridge, superintendent of the Good Samaritan Hospital. She gave a substantial statistical report of the progress and efficiency of the medical, hospital, and nursing professions, practical as well as ethical. At the close of the nurses' programme, they assembled at the Oregon Ex-Service Men's Club for dinner, every district in Oregon being represented. All parts of the state had a splendid representation. The formal opening was on October 26, when the medical profession and nurses, dentists, and druggists, paid their homage to Hygieia, the Goddess of Health. One of the most impressive features of the exhibition was the splendid manifestation of the nurses. The ceremonial could be classed as a solemn demonstration. The State President, Grace Phelps, gave the Florence Nightingale pledge, which was repeated by all the nurses, and was made most impressive. Every hospital in the city contributed generously with their nurses. The slogan of the exposition was "Live a Little Longer."

Pennsylvania: Philadelphia.—THE PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK, in cooperation with the Pennsylvania Hospital for Mental and Nervous Diseases, in order to meet the increasing demand for nurses in the field of Mental Hygiene has effected an arrangement whereby students taking a postgraduate course in Public Health Nursing can specialize in the care and prevention of mental and nervous diseases. While offering unusual opportunities for special training, the Hospital also furnishes part-time employment to a limited group of students while taking the course. THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION held a regular meeting on November 7 with a large attendance. The entire association was invited to the amphitheater, preceding the meeting, to witness a moving



picture depicting the making of a doctor and a nurse, in training, the scenes being taken in the College and Hospital. At the business meeting, Miss Entriken, chairman of the Scholarship Fund Committee, gave a glowing account of the money contributed in memory of nurses who had served in the war. The first applicant, Amy Bardana, is now studying at Teachers' College. In order to make the scholarship an assured success, all members are earnestly asked to put forth their utmost efforts to raise the amount needed to establish the fund on a substantial basis. The Association voted to give \$100 to the Nurses' Relief Fund, and \$25 to the Hospital on Donation Day. Mrs. Anderson, supervisor of the Woman's Building, has resigned to take a course at Johns Hopkins Hospital. THE PHILADELPHIA ORGANIZATION FOR PUBLIC HEALTH NURSES held its annual meeting on November 20 at 1340 Lombard Street, electing the following officers: President, Margaret Paul; vice president, Isabel Cox; secretary, Hannah McGlinn; director for one year, Elizabeth Scarborough; director for two years, Katherine Tucher. York.—THE GRADUATE NURSES OF YORK raised \$100 for the Russian Nurses' Relief Fund. ALBANY.—THE ALUMNAE ASSOCIATION OF THE ALBANY HOSPITAL NURSES' COLLEGE held a meeting on December 4, with an attendance of 25. An excellent report on the State Convention was given by the delegates, Mrs. Lillian Fichel and Mabel Bann. It was decided to hold the annual alumnae dance some time after Lent. A special programme is being planned for the next meeting which will be held January 2. Following the meeting the entire body attended the regular meeting of the Staff of the Albany Hospital, where instructive demonstration on modern hospital work was given by the pupil nurses. PITTSBURGH: MARY HOSPITAL ALUMNAE ASSOCIATION held an unusually interesting meeting late in November when reports from the State Association and the Legislative Committee were discussed. The annual meeting will be held on January 23, with election of officers. THE SCHOOL OF NURSING OF MARY HOSPITAL graduated a class of thirteen on Thanksgiving Day when diplomas and medals were bestowed. All had passed their state board examinations. Miss Clot-

sky received a special diploma for operating-room technic.

TOMBIGBOO: MONTGOMERY.—THE ALUMNAE ASSOCIATION OF THE MONTGOMERY GENERAL HOSPITAL has sent a subscription to the *Journal* as a Christmas present to one of its members who has gone to New Mexico as a missionary. Two nurses of the city have been seriously injured by automobile accidents within a month,—both were walking and were struck by cars.

WASHINGTON: TACOMA.—JANE C. ALLEN, formerly of Oregon, has been appointed superintendent of the Public Health Nursing Association.

WISCONSIN: THE BUREAU OF NURSING EDUCATION will hold an examination for the registration of nurses in Milwaukee, January 9, 10, and 11, at the City Service Rooms, seventh floor of the City Hall. Applicants' complete applications and fees must be in the office of the Bureau of Nursing Education, State Board of Health, Madison, December 31. ADDA ELDRIDGE, Director. MADISON.—THE THIRD DISTRICT held a meeting in the Senate Chamber of the Capitol on November 13. Reports were given from the National Convention by Adda Eldridge and from the State Convention by Elsie Weber. Dr. E. V. Brumbaugh, City Health Officer, gave a talk on Cancer. THE MARQUET GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on November 22. The following officers were elected: President, Minnie Rippen; vice president, Olive Qualtrough; secretary, Mrs. Helen E. Lawrence; treasurer, Helen Tursdale. A social gathering will be held at Rust Harrow on January 3. ARLINE TAYLOR, class 1922, Madison General Hospital, has completed a special course in anesthesia and has accepted a position with her alma mater. MILWAUKEE.—THE LOCAL LEAGUE OF NURSING EDUCATORS held a meeting at the Deaconess Hospital, November 11. Adda Eldridge gave the new rulings of the State Nursing Committee. Miss Baldwin, Domestic Science teacher in West Division High School, spoke on The Teaching of Dietetics in the School for Nurses. The discussion was led by Vivian Brown, dietitian of Columbia Hospital, followed by a general discussion. After the meeting a luncheon was served. THE FOURTH AND FIFTH DISTRICT

ASSOCIATION held its regular monthly meeting at the Nurses' Club, November 14. After the business meeting, Elizabeth Rosenberg, professor of German at Milwaukee Downer College, spoke on Applied Psychology for Nurses. A luncheon was served by the refreshment committee. Minnie P. Getts has been appointed superintendent of the Emergency Hospital. Cornelia van Kooy, nursing director of the W. A. T. A., has been elected to associate membership of the Central Council of Social Agencies. Stella Matthews has been called by the Red Cross for the third time in four years to cross the Atlantic. She is now en route to devastated Thrace. THE PRIVATE DUTY SECTION of the Fourth and Fifth District met December 5 at the Nurses' Club. Anna Rice outlined plans for the new club house, and a social time was enjoyed. WISCONSIN RAPIDS.—THE EIGHTH DISTRICT NURSES' ASSOCIATION held a meeting on November 21. Members were present from Wisconsin Rapids, Medford, Marshfield, Stevens Point, Neboona, and Wausau. Reports were given from the State meeting. Emma Long, Industrial Nurse, Neboona Paper Mills, read a paper on Industrial Nursing. Ione La Vague from River View Hospital, Wisconsin Rapids, spoke on Private Duty Nursing. Miss Boyce, who is a community nurse in four or five counties, emphasized the great need of rural workers. Resolutions of sympathy were drafted to send to the family of the late Theda Mead, who was a member of the Eighth District. After the meeting the members dined at the Hotel Witter, Green Bay.—A special meeting was called of the NORTH DISTRICT ASSOCIATION at St. Mary Hospital, November 3. General new plans were discussed and later submitted to the State organization. After the meeting, the nurses adjourned to Kap's Tea Room for refreshments. The district association deeply regret the resignation of Bertha Shultz, Outagamie County nurse, who was the organizer of the district, and sincerely hope that the urgent requests that come from all over the county will cause her to reconsider her resignation.

WYOMING: Wheatland.—THE WHEATLAND HIGHER TRAINING SCHOOL FOR NURSES graduated a class of six the week of November 11. Reception services were held in one

of the local churches. A banquet was given on Tuesday night for the graduates, the staff and the alumnae, who had returned for the occasion. On Wednesday night, the graduating exercises were held before a large audience. The Hon. Robert D. Carey, Governor of the State, was the principal speaker of the evening, and gave a noteworthy address on the History and Ideals of the Nursing Profession.

### BIRTHS

(Birth and Marriage notices should be very plainly written or copied on a typewriter. All should be dated and should come within four months of the date of coming.)

To Mrs. Walter Sage, (Zoe Brittain, class of 1919, Rochester General Hospital, Rochester, N. Y.), a son, October 28.

To Mrs. Herbert Van Nostrand, (Florence Brown, class of 1914, Nassau Hospital, Mineola, N. Y.), a son, Hobart, Jr., October 24.

To Mrs. Bertram Grossbeck, (Maria Camala, class of 1915, Johns Hopkins Hospital), a daughter, Jean Elliott, October 9.

To Mrs. Robert Peter, (Evelyn Clement, class of 1916, Lankenau Hospital, Philadelphia), a son, David Clement, November 21.

To Mrs. Louis Day, (Corra E. K. Cornell, class of 1919, Nassau Hospital, Mineola, N. Y.), a daughter, Jean Eunick, December 2.

To Mrs. H. B. Hardin, (Ann Dickey, graduate of St. Luke's Hospital, Chicago), a daughter, November 7.

To Mrs. Oliver Payson Rex Kiffe, (Mary Ann Dietrich, class of 1917, Abington Memorial Hospital, Abington, Pa.), a daughter, Marianna, October 25.

To Mrs. Anthony B. Kanhol, (Anne Marie Dutweiler, class of 1914, Williamsburg Hospital, Brooklyn, N. Y.), a son, Anthony Philip, October 20.

To Mrs. George Mushlick, (Sari Fairley, class of 1918, Lenox Hill Hospital, New York), a daughter, October 18.

To Mrs. Fred Steinberger, Jr., (Pearl Fergin, Madison General Hospital, Madison, Wis.), a daughter, November 3.

To Mrs. Herman Koehler, (Irma Fflm, class 1918, University Hospital, Minneapolis), a son, in October.

To Mrs. Grant Augustine, (Ida Gates, Council Bluffs, Iowa), a daughter, December 1.

To Mrs. T. A. Hoarn, Shanghai, China, a daughter, Mary Elizabeth, October 9.

To Mrs. W. S. Ferry, (Jennie Hulse, class of 1914, Jewish Hospital, St. Louis), a daughter, Polly Manda, October 8.

To Mrs. Arthur Loveshill, (Alma Johnson, class of 1915, University Hospital, Minneapolis), a daughter, in September.

To Mrs. Louis Kinkel, (Beatrice Koller, class of 1920, Bridgeport Hospital, Bridgeport, Conn.), a daughter, October 4.

To Mrs. Gilbert Milburn, (Ethel LaGuire, class of 1921, Methodist Episcopal Hospital, Brooklyn, N. Y.), a son, December 9.

To Mrs. Arthur C. Williamson, (Eleanor M. MacVicar, class of 1912, Mary Hospital, Chicago), a son, November 16.

To Mrs. Wilcox, (Edith Monroe, class of 1918, Massachusetts Homeopathic Hospital, Boston), a daughter, October 26.

To Mrs. Ernest Prowse, (Margaret Montagna, class of 1919, Bridgeport Hospital, Bridgeport, Conn.), a daughter, November 16.

To Mrs. M. P. Gerber, (Helen O'Connell, class of 1914, St. Mary's Hospital, Duluth), a daughter, Helen Ann, November 11.

To Mrs. Henry Kapp, (Evelyn Opitz, class of 1912, Lenox Hill Hospital, New York), a son, Henry, Jr., in November.

To Mrs. Donald Paul, (Florence Patrie, class of 1920, Bismarck Hospital, Bismarck, N. D.), a daughter, Joanne, in September.

To Mrs. Gould Ryder, (Mildred Rodman, class of 1918, Lenox Hill Hospital, New York), a son, November 10.

To Mrs. Arthur Stevens, (Clara Winter, class 1915, University Hospital, Minneapolis), a son, in October.

#### MARRIAGES

Edith Anderson (class of 1922, Springfield Hospital, Springfield, Mass.), to Theodore F. Meyers, October 14. At home, West Springfield, Mass.

Hilda Anderson (class of 1920, Springfield Hospital, Springfield, Mass.), to George F. Pundston, October 13. At home, Springfield, Mass.

Ruth Anderson (class 1915, University Hospital, Minneapolis), to Russell Flay, in October. At home, St. Paul, Minn.

Eleanor Jane Andrews (class of 1920, Johns Hopkins Hospital), to Ralph Emerson Kendall, M. D., September 4.

Elizabeth C. Astin (class of 1920, City Hospital, Fall River, Mass.), to George H. Keshaw, M. D., November 12.

Ruth Bacon (class of 1917, Johns Hopkins Hospital), to William Norris Dunning, September 22.

Faust Irene Blisco (class of 1920, Springfield Hospital, Springfield, Mass.), to H. J. Marquardt, September 6. At home, South Orange, N. J.

Catherine B. Bonner (graduate of Lewiston Hospital, Lewiston, Pa.), to William H. Sutphin, October 19. Miss Bonner served with Base Hospital 31, and Base Hospital 9, in France. At home, Matawan, N. J.

Mary Elizabeth Buchanan (class of 1918, Craig Colony Training School, Sayre, N. Y.), to Henry H. Fraser, October 15. At home, Mount Morris, N. Y.

Elsie Carlson (class of 1921, Springfield Hospital, Springfield, Mass.), to Rudolph Frella, September 30. At home, Agawam, Mass.

Violet Cave (class of 1919, Massachusetts Homeopathic Hospital, Boston), to Edward M. Conant, October 9. At home, Dorchester, Mass.

Cornelia Cook (Memphis, Tenn.), to J. W. Skinner, October 2.

Martha Crumb (class of 1921, Auburn City Hospital, Auburn, N. Y.), to Albert Cleveland. At home, Auburn, N. Y.

Edith Curtin (class of 1921, Breckw Hospital, Bloomington, Ill.), to N. L. Reddingfield, December. At home, Orlando, Fla.

Isabel E. Davidson (class of 1920, Johns Hopkins Hospital, Baltimore), to Thomas Owen Gumbel, M. D., October 27.

Thelma Divine (Memphis, Tenn.), to Mark Bright, in November. At home, Indianapolis.

Lola H. Doughman (class of 1922, French Hospital, New York), to Douglas C. Barry, September 21. At home, Newark, N. J.

Pauline Gruninger (class of 1901, Germantown Hospital, Germantown, Philadelphia), to Frank W. Harsh, December 2. At home, West Philadelphia.

Dorothy L. Hane (class of 1918, St. Ann's

Hospital, Chicago), to Joseph P. Lafond, December 2. At home, Kankakee, Ill.

Olivia Hargreaves (class of 1917, Massachusetts Homeopathic Hospital, Boston), to Ned Harold Milliken, November 11. At home, Portland, Maine.

Carolyn E. Boyd (class of 1918, Homeopathic State Hospital, Allentown, Pa.), to Arthur H. Howha, November 29. At home, Havre de Grace, Md.

Hilda P. Henthall (class of 1918, Methodist Episcopal Hospital, Brooklyn, N. Y.), to A. Osterheld, November 18. At home, Rockville Center, N. Y.

Maud Henderson (class of 1922, Mission Hospital, Asheville, N. C.), to Fred A. Tveed, November 18. At home, Asheville, N. C.

Mae M. Hutchings (class of 1916, Children's Homeopathic Hospital, Philadelphia, Pa.), to Harry Thak, October 3. At home, Germantown, Pa.

Hattie Juodon (class of 1917, Bismarck Hospital, Bismarck, N. D.), to Arthur E. Beyer, September 26. At home, Manly, Iowa.

Agnes Maxwell Keane (class of 1906, Newark City Hospital, Newark, N. J.), to Hugo Franzel, November 20. At home, Maplewood, N. J. Miss Keane was night supervisor in the Newark City Hospital and, later, instructor, for seven years.

Minnie N. Keck (class of 1912, Presbyterian Hospital, Philadelphia, Pa.), to Stanley Miss McNam, in September.

Elizabeth Kinney (Eau Claire, Wis.), to Carl Peterson, October 9. At home, Mendota, Wis.

Mona Mortimer (class of 1918, Charenton General Hospital, Charenton, N. H.), to Andrew J. Blackmore, November 29. At home, Barre, Vermont.

Myra Houlton (class 1916, University Hospital, Minneapolis), to Arthur H. Gould, in September. At home, Malden, Mass.

Mary Isabel Ptkomy (class of 1921, Johns Hopkins Hospital, Baltimore), to William Alexander Rann, September 27.

Mary Rosdren (class of 1921 St. Joseph's Hospital, Reading, Pa.), to George Ernst Epp, November 16.

Olivia Rudolph (class 1921, University Hospital, Minneapolis), to Lester Flint, in September. At home, Clipperton, Pa., Wis.

Elizabeth Rucy (Madison General Hos-

pital, Madison, Wis.), to De Forest Lanson, November 16. At home, Milwaukee.

Neillie Maye Rose (class of 1921, Jewish Hospital, Cincinnati, O.), to F. McKee, M. D., in October. At home, Lexington, Ky.

Eva Schmlor (class of 1921, Bismarck Hospital, Bismarck, N. D.), to Rev. Adolph Schock. At home, Rochester, N. Y.

Ida Mae Schweitzer (class of 1916, St. Luke's Hospital, Chicago), to Reid Allen Edwards, October 26. At home, Albert Lea, Minn.

Sigra Sealander (Lutheran Hospital, Des Moines, Iowa), to George Thompson, October 30. At home, Griswold, Iowa.

Elsie Seeman (class of 1915, South Side Hospital, Pittsburgh, Pa.), to Edward W. Jew, M. D., November 30. At home, Pittsburgh, Pa.

Len Rita Shannbrook (class of 1916, York Hospital, York, Pa.), to Joseph Maclyn, M. D., October 14. At home, Chambersburg, Pa.

Edna Sorenson (Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), to Harold Christensen, November 30. At home, Oakland, California.

Minnie Blake Stephens (class of 1918, Johns Hopkins Hospital, Baltimore, Md.), to Charles F. Ballos, September 23.

Ann E. Toomey (class of 1922, Jewish Hospital, Cincinnati, O.), to Frank Patterson, D.D.S., in September. At home, Cincinnati, O.

Jennie Warner (class 1909, Mounds Park Hospital, St. Paul, Minn.), to Peter Nelson, in November. At home, Stillwater, Minn.

Nancy B. Wayland (class of 1921, Johns Hopkins Hospital, Baltimore, Md.), to Hunter McClung, M. D., October 4.

Margaret M. Weber (class of 1910, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Floyd Wamacher, in November.

#### DEATHS

Mary Black (class of 1897, Bridgeport Hospital Training School, Bridgeport, Conn.), at her home in Watertown, Conn. Miss Black was the first nurse to wear the Bridgeport Hospital nurses' uniform. Her work in the nurses' association is worthy of mention.

Katherine M. Gillen (class of 1894, St. Mary's Hospital, Brooklyn), on November 23. For eight years she was house mother

of The Brooklyn Disciplinary Training School for Boys at Borough Hall, and had also served the City as nurse and matron in various City departments.

Larry B. Jolly (class of 1914, Warren City Hospital, Warren Pa.), at Christ Hospital, Jersey City, N. J., October 26, after a short illness. At the time of her death, Miss Jolly was at the head of the Jersey City territory settlement work under the Home Mission Board of the Methodist Church. After a year in the Department of Nursing and Health, Teachers' College, Miss Jolly taught for two years in the New Haven Hospital. In the autumn of 1919, she was given a scholarship in the School of Religious Education and Social Science, and in 1921, she graduated with the degree Bachelor of Social Science. She also held a position on the teaching staff during the year there. The executive secretary of the School in writing of Miss Jolly, said: "We held a memorial service in our chapel out of deference to the high regard which we held for her. She was one of the finest personalities in our school and greatly endeared herself to the students and to the faculty because of the beautiful Christian spirit which she manifested." Miss Jolly's success was due to her own efforts. Her energy and enthusiasm at all times, under the most trying circumstances, were a constant inspiration to her associates. She was only 28 years of age when she died, but her death is a real loss to her profession.

Dorothy MacMaster MacDonald (class of 1902, St. Mary's Hospital, Brooklyn, N. Y.), on November 24, after a short illness. Miss MacDonald was born in Alexandria, Canada. She had been actively engaged in the field of nursing most of the time since graduation. She was a member of the first Board of Nurse Examiners of New York State and had always used her efforts toward the raising of standards and for nursing ethics.

Theda Mead (St. Luke's Hospital, Marquette, Mich.), November 14, at Rochester, Minn. Miss Mead, whose home was at Merrill, Wisconsin, was one of the pioneer county nurses in Wisconsin and a prominent figure in the development of public health nursing in the middle west. She was a postgraduate of the Boston Floating Hospital and for many years was identified with the Wisconsin

Antituberculous Association. Until her health forced her to abandon the work, this summer, she was State supervising nurse for the northern section of the state for the Wisconsin State Board of Health. It was typical of her spirit that she insisted on attending the state conference of health nurses held in Madison last summer. Her friends urged her not to take her place on the programme as they noted her weakened condition, but she replied: "I must, I'll never see them again." Her talk was on "Fetters for Children" and was one of the best of the session. Miss Mead was a charter member of the Wisconsin State Nurses' Association.

Louise Mitchell, on November 27, at Warwick, N. Y. Miss Mitchell was formerly in Brooklyn, but for the past few months she had held a position in the Warwick Hospital.

Louise Naster (graduate of the Deaconess Hospital, Dayton, Ohio), on August 26, after an illness of six months. Miss Naster has done institutional and private duty nursing for twenty-nine years. For the past fifteen years she had lived in Austin, Texas. She will be greatly missed in the private duty ranks where she was ever an inspiration. Her work was characterized by unusual integrity, usefulness and generosity. A host of friends mourn her loss.

Mrs. Anna Elizabeth Porter (graduate of the Bridgeport Hospital, Bridgeport, Conn.), suddenly, at her home. Mrs. Porter was a widely known nurse among private families, a nurse loved by all with whom she came in contact. Her death will be a great loss to the nursing profession and to her friends.

Margaret Rooney (class of 1900, St. Luke's Hospital, Davenport, Iowa), on November 2. She assumed superintendency of Maine Public Hospital, Maine, in 1908 and remained until 1913. Influenza, which she contracted while on duty, made it necessary for her to retire from active duty. She was a most efficient and successful superintendent and teacher and beloved by all of her nurses and patients. Her loss will be an irreparable one.

Joanetta Shuster, a graduate nurse of Orlando, Florida, on October 2, at Otum Hospital, Otum, N. C. Miss Shuster's death was due to tuberculosis, following influenza, contracted during service. She did private duty nursing until the time of enlistment.



## BOOK REVIEWS

**ORGANIZING THE COMMUNITY.** By B. A. McClenahan, M.A., Assistant Director, Missouri School of Social Economy, St. Louis. The Century Company, New York. Price \$1.75.

"This book is an attempt to put into definite form the principles and methods of community organization that have been literally hammered out through actual experience in helping communities work out their social salvation." Miss McClenahan so describes what she has set out to do. She has done her job well.

Life and community problems in the small town and in the rural community, how to conduct a survey to get at the facts bearing on community life and community needs, organizing the small town, organizing the rural district, the county plan of organization, special types of community organization like that of the American Red Cross—these are the main subjects treated. On each one the author presents helpful ideas and suggestions based upon experience and much careful thinking.

The person confronted with the problem of organizing a small community for social work or interested in the general theory of small town and rural community organization will find in this volume many data on the methods, successes and failures of other communities that will help him to a better understanding of his task.

Unfortunately the title is misleading in that it conveys the idea that the book covers community organization in cities as well as in towns and rural dis-

tricts. The author does not take up the city problem. It has been purposely omitted, she says in her introduction, "as constituting a subject deserving treatment in a separate volume." It would have prevented misunderstanding had this been clearly indicated in the title or on the title page.

The student of organization problems will appreciate the clear and painstaking definition of terms and the logical development which characterize this book and which are too frequently lacking in much that is presented to the public.

Two chapters take up the social survey, its value, purpose and methods. The point is emphasized that an indispensable part of any survey is a plan for insuring the carrying out of its findings. There is a general tendency among social workers today to belittle the value of surveys because they so frequently lead nowhere. Yet it is impossible to build up a practical programme for grappling with any problem without a careful study of the facts in the case, just as it is impossible to guide the orderly development of a city without a plan. The trouble has been that too many surveys have been considered as an end in themselves instead of the stepping stone to an objective. Miss McClenahan presents a good case for the survey. The survey outline she offers may well be open to the criticism that it is too exhaustive and requires more work and more money than the average community can afford. The answer is that one may use his own judgment as to what parts of the suggested survey are essential in his

particular case. The author safeguards herself by saying repeatedly that she is merely suggesting plans and methods which have to be varied and adapted to fit any particular community.

One gets the impression that the work is too long drawn out in parts. For example the discussion of the County Plan of organization describes in detail plans in operation in six different states—all six plans more or less alike, differing only in minor ways. Much of the detail in this chapter could have been omitted with better effect and with less confusion for the reader.

There are minor points that might be questioned. For instance, in the chapter on small-town organization in discussing a plan for a coordinated social welfare agency the statement occurs, "Sometimes the school board, the city council, or the county commissioners will make an appropriation for services rendered in enforcing the school attendance law, in acting as probation officer for the juvenile court, or in investigating applicants for public relief." It would seem that it should have been stated that private agencies should not finance public functions incumbent upon the local government and a proper charge against taxation, unless it could not possibly be avoided. Curiously enough the author herself at another point says that eventually all social work should be supported by taxation. In discussing the approach to the community there is in places too much detail. The author tells the new community secretary, for instance, that "when the date set for his assumption of duties is near, he should write a note to the chairman or secretary of the Executive Board, stating the time of his arrival," and a

little further on speaking of the office equipment we read, "Besides the desk, table and chairs, there should be a couch." The discussion of such trifling matters might well have been omitted.

The final pages present rather a severe arraignment of social work. "Social work as organized at the present time is neither democratic nor to any marked degree preventive. On the contrary it is aristocratic, paternalistic, and palliative." No supporting arguments are presented except the fact that social workers object to using volunteer service. The reader is naturally curious to know the author's reasons for this conclusion—but his curiosity is left unsatisfied.

Strangely enough, in over 200 pages devoted to community organization there is little reference to the relation of the development of community interest and community spirit to the problem of politics and good government, except in so far as welfare work goes. It would seem that in a small town or a rural community, the kind of intensive organization suggested by the author ought to be one of the best possible methods of getting rid of back-stair politics and setting up a good type of government service.

Miss McClellan has presented a book of real value. It has its strong points and its weaknesses, but its good features so far outweigh the bad that the latter are easily overlooked. Anyone interested in community organization outside of the large city will find this work a useful guide.

BLECKER MARQUETTE,  
*Executive Secretary, Public Health Fed-  
eration, Cincinnati, O.*

**THE EVOLUTION OF PUBLIC HEALTH NURSING.** By Annie M. Brainerd. W. B. Saunders Company, Philadelphia. Price \$3.

In her preface, the author says, "I have tried to show how and why the early deaconess was the progenitor of the modern Public Health Nurse; how the growth of social self-consciousness reacted in the charities of the Middle Ages; how the industrial revolution brought about a readjustment of social conditions; and finally how the advance in preventive medicine and the development of the art of nursing, produced, and made inevitable, the Public Health Nurse. The account of contemporaneous activities must, in the very nature of things, be vague and incomplete."

Says Edna M. Foley, in her introduction, "With an ancient, honorable lineage public health nursing is still in its pioneer stages. Its programme is flexible, its standards capable of infinite elevation. To insure its success, which can be measured only by results in innumerable homes and communities, it must continue to have the support of the best element of every community. It must seek to draw within its standard nurses with a spiritual vision of good to be accomplished, as well as nurses with the best possible technical training available. An ample ancestry is sometimes too diffuse a blessing, but readers of Miss Brainerd's history will realize more and more that traditions of honorable service are greater spurs to future work than vague rumors of an untold past can ever be."

**HISTORY OF THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.** By Sara E. Parsons, R.N.

222 pages. Whitcomb and Barrows, Boston, Mass. Price, \$3.50.

This is a fascinating account of one of our oldest and largest schools. The picture of pre-training-school days gives an excellent background for the history of the school itself which was independently organized as the Boston Training School for Nurses, in 1873, and was taken over by the trustees of the Hospital and re-named the Massachusetts General Hospital Training School for Nurses, in 1896. Says Miss Parsons in her introduction:

The writer has learned that most of the improvements of later years, which were original when made, were comprehended in the founder's conception of the school; that these ideas were later revived by the Advisory Committee in 1900; and that the Alumni Association in its effort since 1915 to raise an endowment for the School, has been nurturing unconsciously an expressed need of the Directors of 1879 and of the Advisory Committee of 1900.

The preparation of this story of the growth and achievements of her Alma Mater must have been a true "labor of love" but there is no trace of undue sentimentality in its pages. Source material, such as reports and letters, has been freely quoted. Unpalatable facts, when necessary for the sake of truth, have been set forth as fairly as the splendid records of accomplishment. The spirit of service that has animated lay and professional workers alike is apparent on every page. A valuable part of the book is the chronological list of events beginning with the notation, "School in charge of 'two foul wards in the Brick'."

Proceeds from the sale of the history will be added to the Endowment Fund. The book should find a place in the

libraries of all schools for nurses, for it is a valuable contribution to the literature dealing with the development of nursing in this country. The book will doubtless stimulate other schools to perpetuate their own histories.

M. M. R.

**FOOD, HEALTH AND GROWTH.** By L. EMMETT HOLT, M.D. The Macmillan Company, New York. 273 pages. Price, \$1.50.

Were it possible to place Chapter One—"Nutrition in Relation to Growth, to Progress in School, and to Resistance to Disease" in the hands of every member of every board of education in this country, more would be immediately accomplished for the children of this nation than can come in fifty years of isolated, though intense, interest on the part of the few thousand present-day field workers having to deal with the nutrition of children.

Dr. Holt's newest book is destined to be as widely read and as carefully followed as has been his earlier one, dealing primarily with the infant.

Challenging the interest of the mother who has an appreciation of her need for knowing what she may do to keep her child in the best possible condition, this book will fill a long-felt want. Being unhampered by technicalities, and pointing the way for definite accomplishment, this text should forever dispel, in the lay mind, the bug-a-boo of "Fat Soluble A" and "Water Soluble B." Given the assurance that if well balanced dietaries rather than vitamins are planned, children will not lack food requirements, many a mother will take heart and use the adequate material presented, in working out a "35-50-15" food schedule for her growing family.

General practitioners who have not the time for extensive reading will find much for every day use in this comprehensive hand book.

The two outstanding causes of malnutrition are given as "Improper Food" and "Faulty Hygiene." A nutritionally normal condition for a child under twelve years is defined as the condition in which "the child is less than ten per cent or more below or twenty per cent above average weight for height," and at the same time the subject of the possibilities for wide variations is stressed. Dr. Holt draws a very interesting distinction between average and normal: defining the former as "a line," the latter as "a zone."

Every school teacher would have her interest in the "slow" child very much intrigued were she to give this book a careful reading. The Public Health nurse will find the volume tremendously helpful in the suggested methods for getting a community to think along this line.

Dr. Holt makes possible another bit of armor going into the equipment with which children of this land have their battle to fight—the only equipment which in the last analysis will count, the education of the mother, wherever and wherever she may be.

SARA B. PLACE

*Superintendent Infant Welfare Society,  
Chicago.*

**HANDBOOK OF ORGANIZATION AND METHOD IN HOSPITAL SOCIAL SERVICE.** By Margaret S. Bregden. The Norman, Remington Co., Baltimore, Maryland. 1922. Price, \$2.50.

From the able pen and the valuable experience as Chief of Social Service of

the Johns Hopkins Hospital, comes this attractive addition to the literature of Hospital Social Service. The volume outlines the organization of the Johns Hopkins Hospital Social Service Department and its technic can be applied to any institution—with expansion or diminution of its needs as they appear. A foundation upon which may be built further developments of Social Service. It presents in a concise manner the duties of the workers in their varied relations to the work, of the medical staff, and of the patients. Particularly pertinent to the definite study of Hospital Social Service is the inclusion of the report of the committee on the functions of Hospital Social Service Work. It outlines: 1. Case Work, 2. Research, 3. Education.

The simplicity of the language and the ethical principles it establishes should be of especial value to the beginner or to the experienced worker who needs an occasional lesson. The chapter on Case Analysis outlines the structure of Hospital Social Service. Miss Brogden shows in a practical way the value of records correctly made and their contribution to the work at large. Her guide for writing histories circumscribes practically all subjects which should be included in considering the needs of any patient.

The facsimiles of the forms of records with the key to their use has been carefully worked out. All of this important information is presented in a volume of about seventy-seven pages and Hospital Social Service workers will find it in truth a handbook which they can ill afford to omit from their libraries.

ADELAIDE M. WALSH, R.N.,  
*Children's Memorial Hospital, Chicago.*

## BOOKS RECEIVED

**MANUAL OF PHYSIO-THERAPEUTICS.**  
Revised Edition. By Thomas Davey  
Luks, M.D., F.R.C.S. William Wood  
and Company, New York. Price \$6.

**MEDICAL GYMNASTICS AND MASSAGE.**  
By J. Arvedson, M.D. (Stockholm).  
Translated and edited by Mina L.  
Dobbie, M.D. P. Blakiston's Son  
and Company, Philadelphia. Price  
\$2.25.

**THE HEALTHY BABY.** Second Edition,  
Revised. By Roger H. Dennett, B.S.,  
M.D. The Macmillan Company, New  
York. Price \$1.25.

**HANDBOOK OF SOCIAL SERVICE RE-  
SOURCES OF CINCINNATI AND HAMIL-  
TON COUNTY.** Issued by the Helen  
S. Trounstein Foundation, Cincin-  
nati, Ohio. This is the first social  
service directory which Cincinnati has  
had since 1919. Price 35 cents.

**PHYSIOLOGICAL AND BIOLOGICAL CHEM-  
ISTRY IN MODERN MEDICINE.** By  
J. J. R. MacLeod, M.B. C. V. Mosby  
& Co., St. Louis, Mo. Fourth Edi-  
tion. Price \$11.

**PHYSICAL DIAGNOSIS.** By W. D. Rose,  
M.D. Third Edition. C. V. Mosby  
& Co., St. Louis, Mo. Price \$8.50.

**AN OUTLINE OF THE PIQUET SYSTEM  
OF NUTRITION.** By Dr. Clemens Pir-  
quet. W. B. Saunders Company.  
Price \$2 net.

**GRADED OUTLINES IN HYGIENE.** Book  
One. By Walter Frank Cobb, M.D.,  
B.P.E. World Book Company, Yon-  
kers-on-Hudson, N. Y. Price \$1.36.



**PRIMER OF SANITATION.** By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 84 cents.

**PRIMER OF PHYSIOLOGY.** By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 88 cents.

**PRIMER OF HYGIENE.** By John W. Ritchie. World Book Company, Yonkers-on-Hudson, N. Y. Price 80 cents.

**LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS.** By Robert W. Lovett, M.D., Sc.D. P. Blakiston's Son & Co., Philadelphia. Price \$2.50.

#### EXCERPT FROM "UNCOUNTED FACTORS IN INFANT FEEDING"

CLIFFORD G. GAYLER, M.D., Chicago

*The Journal of the American Medical Association*, Vol. 79, No. 24, December 9, 1922

We have heard so much in the past about hospitalization and so little about what the term really means that it is time we stopped to analyze the situation. The difference between hospitalization of infants and home care is a difference in the amount of individual care given each child. In the average home, this is frequently too much. In the poorly conducted hospital, it is always too little. If the pediatric wards of a hospital are properly conducted, that is, if there are proper facilities for the care of children and a sufficient personnel properly educated and intentioned, a hospital may be a most excellent place for a sick child over many months. In fact, in my opinion, it is the only proper place to care for sick babies, just as it is the only proper place to care for sick adults. With a highly trained and conscientious personnel, the hospital becomes the one place where the physician may eliminate certain accessory sources of error and apply himself more directly to the case in question in respect to its physical needs, and he may leave out of consideration entirely, or to a very great extent, many of the irritating factors that must enter into consideration in the home.

Songs of Health and Joy, including a Marching Song, an Ostinato Song, and other health motifs, is the latest fascinating production of the Child Health Organization of America. The very modern words are set to the music of Old Songs and Folk Tunes. This attractive booklet can be obtained by sending fifteen cents to the Organization at 370 Seventh Avenue, New York City.

#### NEAR EAST RELIEF

Relief appropriations of the American Red Cross for the Near East emergency now aggregate close to \$1,500,000. The commitments of flour purchased for shipment to Greece now total 5,450 tons. In addition, clothing purchased or made by Red Cross Chapters formed a large part of the cargo of the U. S. Shipping Board steamer *Manhattan Island* which called for Greece November 21. Distillation on the islands in the Aegean Sea is appalling, with scores of thousands actually starving. In the camps on the mainland where more than 1,000,000 men, women and children are herded, the threat of plague is very real.

Dr. Richard M. Taylor, Red Cross medical director in Greece, says conditions point to the immediate need of medical services, hospital supplies, medicine, disinfectants, bathing and dehousing plants, etc., and ends by saying, "Money for these needs must come from America or Greece is likely to become a vast cemetery."—*National Health Council—Monthly Digest*.

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Mississippi, Wisconsin, Kentucky, South Dakota

Between 50% and 60%

West Virginia, New Mexico, Pennsylvania, Wyoming, Ohio, Indiana, Kansas

Between 40% and 50%

Illinois, Iowa, Alabama, New Jersey, North Dakota, Virginia, South Carolina, North Carolina

Between 30% and 40%

Maine, Delaware, New Hampshire, Massachusetts, Idaho, Nebraska, Arizona, Michigan, Georgia, Arkansas, Minnesota, Oregon, Texas

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